



HAWAII STATE ETHICS COMMISSION
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 Web site: www.hawaii.gov/ethics

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII
 STATE ETHICS COMMISSION

NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
YAMASHITA	RUSSEL	HIROSHI	524-5200
MAILING ADDRESS (Street)			FAX
469 ENA ROAD #809			EMAIL
			RHYAMASHITA@HOTMAIL.COM
(City)	(State)	(Zip Code)	
HONOLULU	HI	96815	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

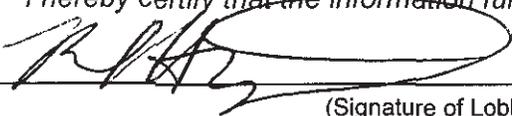
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
HAWAII DENTAL ASSOCIATION			593-7956
MAILING ADDRESS (Street)			FAX 593-7636
1345 S. BERETANIA ST.			EMAIL
			info@hawaiidentalassociation.net
(City)	(State)	(Zip Code)	
HONOLULU	HI	96814	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
LORAN LIEBLIN			593-7956
MAILING ADDRESS (Street)			FAX 593-7636
1345 S. BERETANIA ST. #301			EMAIL
			loran@hawaiidental
(City)	(State)	(Zip Code)	
Honolulu	HI	96814	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input checked="" type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	_____

PART IV CERTIFICATION OF LOBBYIST

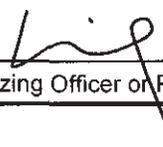
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

 2/2/15
 (Signature of Lobbyist) (Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
LOREN LIEBLING		EXECUTIVE DIRECTOR	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
HAWAII DENTAL ASSOCIATION		593-7952	
MAILING ADDRESS (Street)		FAX	
1395 S. BERETANIA ST. #301		593-7636	
(City)	(State)	EMAIL	(Zip Code)
HONOLULU	HI	hda@hawaiidentalassociation.net	96814

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

 2/9/15
 (Signature of Authorizing Officer or Person Represented) (Date)