

**HAWAII STATE ETHICS COMMISSION**

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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
Oshiro	Dennis	Sadao	808 523-9500
MAILING ADDRESS (Street)			FAX 808 523-9502
1259 Aala Street, #201			EMAIL dennis@hihomeownership.org
(City)	(State)	(Zip Code)	
Honolulu,	Hawaii	96817	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Hawaii HomeOwnership Center			808 523-9500
MAILING ADDRESS (Street)			FAX
1259 Aala Street, #201			EMAIL
(City)	(State)	(Zip Code)	
Honolulu,	Hawaii	96817	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii HomeOwnership Center & HHOC Mortgage			808 523-9500
MAILING ADDRESS (Street)			FAX 808 523-9502
1259 Aala Street, #201			EMAIL dennis@hihmeownership.org
(City)	(State)	(Zip Code)	
Honolulu,	Hawaii	96817	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input checked="" type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input 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 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 checked="" 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.


2/18/15

 (Signature of Lobbyist) (Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Dennis S. Oshiro		Executive Director	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Hawaii HomeOwnership Center		808 523-9500	
MAILING ADDRESS (Street)		FAX 808 523-9502	
1259 Aala Street, #201		EMAIL	
		dennis@hihomeownership.org	
(City)	(State)	(Zip Code)	
Honolulu,	Hawaii	96817	
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>			
		2/18/15	
_____		_____	
(Signature of Authorizing Officer or Person Represented)		(Date)	