



HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813
or P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: (808) 587-0460 FAX: (808) 587-0470
email: ethics@hawaiiethics.org
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
Ueoka (formerly Powers)	Alison	H.	(808) 525-5875
MAILING ADDRESS (Street)			FAX
1003 Bishop Street., Pauahi Tower Suite 2010			EMAIL
			aueoka@808insurers.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
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 Insurers Council			(808) 525-5877
MAILING ADDRESS (Street)			FAX
1003 Bishop Street, Pauahi Tower Suite 2010			EMAIL
			aueoka@808insurers.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Alison H. Ueoka			(808) 525-5875
MAILING ADDRESS (Street)			FAX
1003 Bishop Street, Pauahi Tower Suite 2010			EMAIL
			aueoka@808insurers.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

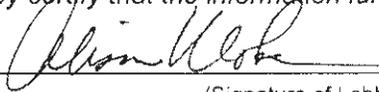
REC'D BY email

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 checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operation & Finance | <input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input checked="" type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input checked="" type="checkbox"/> Other: (indicate below)
<u>Property & Casualty Insurance</u> |
| <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.



3/2/15

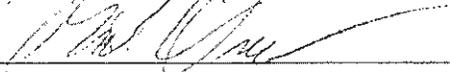
(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME Michael Onofrietti		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Vice President, Actuarial Services, Product Develop.	
NAME OF ORGANIZATION (if applicable) Island Insurance		TELEPHONE (808) 564-8186	
MAILING ADDRESS (Street) 1022 Bethel Street		FAX	
(City) Honolulu		(State) HI	EMAIL monofrietti@islandinsurance.com (Zip Code) 96813

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



3/3/2015

(Signature of Authorizing Officer or Person Represented)

(Date)