

**CITY AND COUNTY OF HONOLULU
ETHICS COMMISSION
LOBBYIST REGISTRATION FORM**

Separate applications must be filed if you lobby for pay or other consideration for more than one organization. (See back of this form for information.)

SECTION I LOBBYIST

NAME _____			
(PRINT)	LAST	FIRST	MIDDLE
Business Address _____		Phone _____	
STREET, CITY, STATE, ZIP CODE			
Email Address: _____			
EMPLOYER _____			
Business Address _____		Phone _____	
STREET, CITY, STATE, ZIP CODE			
ORGANIZATION LOBBYING FOR _____			
Business Address _____		Phone _____	
STREET, CITY, STATE, ZIP CODE			
Estimated Duration of Employment with Organization _____			
Number of membership if lobbying on behalf of members _____			
Description of the methods by which members develop and make decisions about positions on policy: _____ _____			
Description of type of legislation you expect to lobby on: _____ _____ _____			

SECTION II CERTIFICATION OF LOBBYIST

<p>I hereby certify that the foregoing statements are true and correct.</p> <p>_____</p> <p style="text-align: center;">SIGNATURE OF LOBBYIST</p> <p>_____</p> <p style="text-align: center;">DATE</p>	<p>Subscribed and sworn to before me</p> <p>This _____ day of _____, _____.</p> <p>By: _____</p> <p style="text-align: center; font-size: small;">NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: _____</p>
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SECTION III AUTHORIZATION TO LOBBY

Name _____	TITLE OF AUTHORIZING OFFICER
Name of Organization _____	
<p>I hereby authorize the above-named lobbyist to engage in lobbying activities on behalf of the undersigned.</p>	
SIGNATURE OF AUTHORIZING OFFICER _____	DATE _____

PLEASE RETAIN A COPY FOR YOUR RECORDS