

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

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Email: [ethics@honolulu.gov](mailto:ethics@honolulu.gov)Website: <http://www.honolulu.gov/ethics/>

THIS SPACE FOR OFFICE USE ONLY

**2020 REGISTRATION**Lobbyist Registration  
(Type or Print Clearly)

<b>PART I LOBBYIST</b>		
NAME (Last) (First) (Middle)		
LOBBYIST FIRM/EMPLOYER (if applicable)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O. Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

<b>PART II.A ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O. Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)
ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)		<input type="checkbox"/> Not Applicable
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		<input type="checkbox"/> Not Applicable

<b>PART II.B NO LONGER LOBBYING</b>	
<input type="checkbox"/> I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE

<b>PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY</b>		
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____(Year)_____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

<b>PART IV LOBBYIST CERTIFICATION</b>	
<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p>_____</p> <p>LOBBYIST SIGNATURE</p> <p>_____</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This ____ day of _____, _____.</p> <p>By: _____</p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: _____</p>

<b>PART V AUTHORIZATION TO LOBBY</b>		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
MAILING ADDRESS (No. and Street or P.O Box)	FAX	
	EMAIL	
(City)	(State)	(Zip Code)
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>		
_____		_____
(Signature of Authorizing Officer or Person Represented)		(Date)