HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
Dang	Marvin	S. C.	521-8521
MAILING ADDRESS (Street)			FAX
P.O. Box 4109			521-8522
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96812-4109	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Law Offices of Marvin Dang, A Limited Liability Law Company			521-8521
MAILING ADDRESS (Street)			FAX
P.O. Box 4109			521-8522
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96812-4109	

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Financial Services Association			521-8521
MAILING ADDRESS (Street)			FAX
P.O. Box 4109			521-8522
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96812-4109	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Marvin S. C. Dang			521-8521
MAILING ADDRESS (Street)			FAX
P.O. Box 4109			521-8522
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96812-4109	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

☐ Agriculture	☐ Education	☐ Human Services	☐ Science, Technology & Economic Development
☐ Communications & Public Utilities	☑ Government Operations & Finance	☐ Intergovernmental Relations, International Affairs	☐ Tourism & Recreation
☑ Consumer Protection & Commerce	☐ Hawaiian Affairs	☐ Labor & Employment	☐ Transportation
☐ Culture, Arts, Historic Preservation	☐ Health	☐ Planning, Land & Water Use Management	☐ Other: (indicate below)
☐ Ecology, Energy Environmental Protection	☑ Housing	☐ 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.

Signature Block — 1/10/06

(Signature of Lobbyist) (Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Alvin Tanaka, Vice President	

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Hawaii Financial Services Association	521-8521
MAILING ADDRESS (Street)	**FAX**
P.O. Box 4109	521-8522

(City)	(State)	(Zip Code)
Honolulu	Hawaii	96812-4109

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

Signature Block — 1/9/06

(Signature of Authorizing Officer or Person Represented) (Date)