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STATE OF HAWAII
STATE ETHICS COMMISSION

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

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
Iwamoto,	Karen	H.	733-7060, ext. 108
MAILING ADDRESS (Street)			FAX
1136 12th Avenue, Ste. 220			737-4977
(City)	(State)	(Zip Code)	
Honolulu,	Hawaii	96816	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
HawaiiAssociation of REALTORS			733-7060
MAILING ADDRESS (Street)			FAX
1136 12th Avenue, Ste. 220			737-4977
(City)	(State)	(Zip Code)	
Honolulu,	HI	96816	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Karen H. Iwamoto			733-7060, ext. 108
MAILING ADDRESS (Street)			FAX
1136 12th Avenue, Ste. 220			737-4977
(City)	(State)	(Zip Code)	
Honolulu	HI	96816	

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

X	Agriculture		Education		Human Services	X	Science, Technology & Economic Development
	Communications & Public Utilities	X	Government Operations & Finance		Intergovernmental Relations, International Affairs		Tourism & Recreation
X	Consumer Protection & Commerce		Hawaiian Affairs		Labor & Employment	X	Transportation
	Culture, Arts, Historic Preservation		Health	X	Planning, Land & Water Use Management		Other: (indicate below)
X	Ecology, Energy Environmental Protection	X	Housing	X	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 — 1/26/05

(Signature of Lobbyist) (Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Nicki Ann Thompson	Executive Vice President

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Hawaii Association of Realtors	733-7060, ext. 101
MAILING ADDRESS (Street)	**FAX**
1136 12th Avenue, Ste. 220	737-4977

(City)	(State)	(Zip Code)
Honolulu,	HI	96816

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

Signature Block — 1/26/05

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