THIS SPACE FOR OFFICE USE ONLY

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
Sakakida	Gareth	Kazuo	833-6628
MAILING ADDRESS (Street)			FAX
2850 Paa Street, room 204			833-8486
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96819	
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
Hawaii Transportation Association			833-6628
MAILING ADDRESS (Street)			FAX
2850 Paa Street, room 204			833-8486
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96819	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Gareth K. Sakakida			833-6628
MAILING ADDRESS (Street)			FAX
2850 Paa Street, room 204			833-8486
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96819	

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture	Education	Human Services	x Science, Technology & Economic Development
x Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	x Tourism & Recreation
x Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	x Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
x 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 — January 3, 2005

(Signature of Lobbyist) (Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Gareth K. Sakakida	Managing Director

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Hawaii Transportation Association	833-6628
MAILING ADDRESS (Street)	**FAX**
2850 Paa Street, room 204	833-8486

(City)	(State)	(Zip Code)
Honolulu	Hawaii	96819

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

Signature Block — January 3, 2005

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