cs 12/13

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
LNA

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
Santiago	Alexander	Chung	383-9032
MAILING ADDRESS (Street)			FAX
84-424 Ikuone Pl.			
(City)	(State)	(Zip Code)	
Waianae	Hi	96792	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Hawaii Nurses Association			531-1628
MAILING ADDRESS (Street)			FAX
677 Ala Moana Blvd Suite 301			524-2760
(City)	(State)	(Zip Code)	
Hon.	Hi	96813	

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Nurses Association			531-1628
MAILING ADDRESS (Street)			FAX
677 Ala Moana Blvd. Suite 301			524-2760
(City)	(State)	(Zip Code)	
Hon	Hi	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Sharyn Stephani Moret			531-1628
MAILING ADDRESS (Street)			FAX
677 Ala Moana Blvd, Ste. 301			524-2760
(City)	(State)	(Zip Code)	
Honolulu, Hawaii		96813	

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

(Signature of Lobbyist) 12/2/04 (Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Shaun Stephanie Monet	Acting Executive Director
NAME OF ORGANIZATION (if applicable)	TELEPHONE
Hawaii Nurses' Association	531-1628
MAILING ADDRESS (Street)	FAX
677 Ala Moana Blvd., Ste. 301	524-2760
(City) (State)	(Zip Code)
Honolulu, Hawaii	96813

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

Signature Block

(Signature of Authorizing Officer or Person Represented) 12-2-04 (Date)