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

THIS SPACE FOR OFFICE USE ONLY

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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
Toyofuku	Robert	S.	524-4155
MAILING ADDRESS (Street)			FAX
1000 Bishop St., # 902			524-0573
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Advocates			same
MAILING ADDRESS (Street)			FAX
same			
(City)	(State)	(Zip Code)	

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Maunalua Bay Beach Ohana			396-6662
MAILING ADDRESS (Street)			FAX
267 Portlock Road			
(City)	(State)	(Zip Code)	
Honolulu	HI	96825	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Keanuinui Rochlen			396-6662
MAILING ADDRESS (Street)			FAX
samr as above			
(City)	(State)	(Zip Code)	

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 1/24/06

(Signature of Lobbyist) (Date)

PART V AUTHORIZATION TO LOBBY

NAME: Keanuinui Rochlen

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED:

NAME OF ORGANIZATION (if applicable): Maunalua Bay Beach Ohana

TELEPHONE: 396-6662

MAILING ADDRESS (Street): 267 Portlock Road

FAX:

(City): Honolulu (State): HI (Zip Code): 96825

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

Signature Block 1/24/06

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