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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
TOGUCHI,	CHARLES,	T.	(808) 239-1271
MAILING ADDRESS (Street)			FAX
47-640 Hui Ulili Street			(808) 239-1271
(City)	(State)	(Zip Code)	
Kaneohe,	HI	96744	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Charles T. Toguchi & Associates, LLC			(808) 239-1271
MAILING ADDRESS (Street)			FAX
47-640 Hui Ulili Street			(808) 239-1271
(City)	(State)	(Zip Code)	
Kaneohe,	HI	96744	

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
North West Cruiseship Association			604-681-9515
MAILING ADDRESS (Street)			FAX
100-1111 W. Hastings Street			604-681-4364
(City)	(State)	(Zip Code)	
Vancouver, BC	V6E	2J3	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Donna Spalding			604-681-9515
MAILING ADDRESS (Street)			FAX
100-111 W. Hastings Street			604-681-4364
(City)	(State)	(Zip Code)	
Vancouver, BC	V6E	2J3	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture	Education	Human Services	X Science, Technology & Economic Development
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	X 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) 1-21-05 (Date)

PART V AUTHORIZATION TO LOBBY

NAME: Donna Spalding

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED: DIRECTOR ADMINISTRATION

NAME OF ORGANIZATION (if applicable): North West Cruiseship Association

TELEPHONE: 604-681-9515

MAILING ADDRESS (Street): 100-1111 W. Hastings Street

FAX: 604-681-4364

(City) Vancouver, (State) BC (Zip Code) V6E 2J3

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) Jan 25/05 (Date)