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

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CPB

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
Amemiya,	Roy	Keiji Jr.	(808) 535-2555
MAILING ADDRESS (Street)			FAX
220 S. King Street			(808) 544-0647
(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
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Central Pacific Bank			(808) 535-2555
MAILING ADDRESS (Street)			FAX
220 S. King Street			(808) 544-0647
(City)	(State)	(Zip Code)	
Honolulu,	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Roy Amemiya			(808) 535-2555
MAILING ADDRESS (Street)			FAX
Same 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 Operation & 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 — 4/10/07

(Signature of Lobbyist) (Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Clinton L. Arnoldus	Chief Executive Officer & President

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Central Pacific Bank	(808) 544-0555
MAILING ADDRESS (Street)	**FAX**
220 S. King Street	(808) 544-0574

(City)	(State)	(Zip Code)
Honolulu,	HI	96813

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

Signature Block — 4/11/07

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