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
Mulligan	Kevin	D.	543-0067
MAILING ADDRESS (Street) 888 Mililani St.			FAX 528-4059
(City) Honolulu	(State) HI	(Zip Code) 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) Hawaii Government Employees Association	TELEPHONE 536-2351
MAILING ADDRESS (Street) 888 Mililani Street	FAX 528-4059
(City) Honolulu, HI (State) (Zip Code) 96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Nora A. Nomura	TELEPHONE same as above
MAILING ADDRESS (Street) same as above	FAX
(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 — 2/2/07

(Signature of Lobbyist) (Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Nora A. Nomura	Legislative Officer

NAME OF ORGANIZATION (if applicable)	TELEPHONE
same as above	543-0003
MAILING ADDRESS (Street)	FAX
	528-4059
(City) (State)	(Zip Code)

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

Signature Block — 2/15/07

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