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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 |
|---|---|
| Nakanelua-Richards Debbie | 835 3654 |
| MAILING ADDRESS (Street) | FAX |
| P.O. Box 30008 | 838 6746 |
| (City) (State) (Zip Code) | |
| Honolulu HI 96820 | |
| 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 |
|---|---|
| Hawaiian Airlines | 835 3654 |
| MAILING ADDRESS (Street) | FAX |
| P.O. Box 30008 | 838 6746 |
| (City) (State) (Zip Code) | |
| Honolulu HI 96820 | |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT | TELEPHONE |
| | |
| MAILING ADDRESS (Street) | 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

(Signature of Lobbyist)

9 Jan 2007

(Date)

## PART V AUTHORIZATION TO LOBBY

NAME: KEONI WAGNER

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED:

NAME OF ORGANIZATION (if applicable): HAWAIIAN AIRLINES, INC.

TELEPHONE: 808-838-6778

MAILING ADDRESS (Street): P.O. BOX 30008

(City): HONOLULU (State): HI (Zip Code): 96820

FAX: 808-835-3690

*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)

1/12/07

(Date)