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
Wooton	Jennifer	ML Chock	847-8269
MAILING ADDRESS (Street)			FAX
1525 Bernice Street			841-8968
(City)	(State)	(Zip Code)	
Honolulu,	HI	96817	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Bishop Museum			847-8269
MAILING ADDRESS (Street)			FAX
1525 Bernice Street			841-8968
(City)	(State)	(Zip Code)	
Honolulu,	HI	96817	

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Maritime Center			536-5688
MAILING ADDRESS (Street)			FAX
Pier 7, 191 Ala Moana Boulevard			541-8968
(City)	(State)	(Zip Code)	
Honolulu,	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Jennifer M.L. Chock Wooton			847-8269
MAILING ADDRESS (Street)			FAX
1525 Bernice Street			841-8968
(City)	(State)	(Zip Code)	
Honolulu,	HI	96817	

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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 — 3/21/07

(Signature of Lobbyist) (Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Michael T. Chinaka	President

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Bishop Museum	848-4161
MAILING ADDRESS (Street)	**FAX**
1525 Bernice Street	841-8968

(City)	(State)	(Zip Code)
Honolulu,	HI	96817

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

Signature Block — 3/21/07

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