

**HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, HONOLULU, HAWAII 96813

or P.O. BOX 616, HONOLULU, HAWAII 96809

TEL: (808) 587-0460 FAX: (808) 587-0470

email: ethics@hawaiiethics.orgWeb site: www.hawaii.gov/ethics

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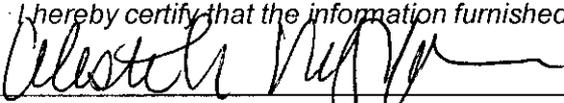
LOBBYIST REGISTRATION FORMSTATE OF HAWAII
STATE ETHICS COMMISSION

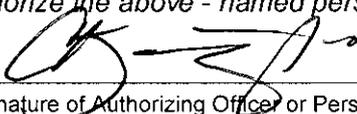
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Van Treese-Osaki	Celeste	N	808 227-2375
MAILING ADDRESS (Street)			FAX
1931 Aupuni Street			EMAIL
			celestevtv_@hotmail.com
(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
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Ho'okahi Leo Physical Therapist Assistants of Hawaii			
MAILING ADDRESS (Street)			FAX
P.O. Box 2			EMAIL
			ptasofhawaii@gmail.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96701	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Mrs. Lisa Isono			
MAILING ADDRESS (Street)			FAX
P.O. Box 2			EMAIL
			ptasofhawaii@gmail.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96701	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> 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.	
	1/24/13
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Cris Kani'auipi'o	Chairperson	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
Ho'okahi Leo Physical Therapist Assistants of Hawaii		
MAILING ADDRESS (Street)	FAX	
P.O. Box 2		
	EMAIL	
	ptasofhawaii@gmail.com	
(City)	(State)	(Zip Code)
Honolulu	HI	96701
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.		
	1/24/13	
(Signature of Authorizing Officer or Person Represented)	(Date)	