



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.org
Web site: www.hawaii.gov/ethics

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NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

STATE OF HAWAII
STATE ETHICS COMMISSION

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
LIPPOLT	SHEILA	P	527-8016
MAILING ADDRESS (Street)			FAX 527-8088
924 Bethel Street			EMAIL shlippo@lashaw.org
(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
			EMAIL
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
The Legal Aid Society of Hawaii			536-4302
MAILING ADDRESS (Street)			FAX 537-8088
924 Bethel Street			EMAIL shlippo@lashaw.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Wayne Keawe			527-8060
MAILING ADDRESS (Street)			FAX 527-8088
924 Bethel Street			EMAIL wakeawe@lashaw.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

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 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 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 checked="" 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.

Teila Puppelt

(Signature of Lobbyist)

1-14-13

(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Wayne Keawe		Comptroller	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
The Legal Aid Society of Hawaii		527-8060	
MAILING ADDRESS (Street)		FAX 527-8088	
924 Bethel Street		EMAIL <i>WAKEAWCE@LASHAW.ORG</i> najufim@lashaw.org	
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

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

Wayne Keawe

(Signature of Authorizing Officer or Person Represented)

1-15-13

(Date)