



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

THIS SPACE FOR OFFICE USE ONLY

'13 JAN 30 A11 :19

NOTE: This is a public document.

LOBBYIST REGISTRATION FORM STATE OF HAWAII
 ETHICS COMMISSION
 (Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Pollard	Daniel	E.	527-8088
MAILING ADDRESS (Street)			FAX
924 Bethel St.			527-8088
(City)	(State)	(Zip Code)	EMAIL
Hon.	HI	96813	dapolla@lshaw.org
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Legal Aid Society of Hawaii			536-4302
MAILING ADDRESS (Street)			FAX
924 Bethel St.			527-8088
(City)	(State)	(Zip Code)	EMAIL
Hon.	HI	96813	dapolla@lshaw.org

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
LEGAL Aid Society of Hawaii			(808) 536-4302
MAILING ADDRESS (Street)			FAX
924 Bethel Street			(808) 527-8088
(City)	(State)	(Zip Code)	EMAIL
Honolulu	HI	96813	dapolla@lshaw.org
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Wayne Keawe			(808) 536-4302
MAILING ADDRESS (Street)			FAX
924 Bethel Street			(808) 527-8088
(City)	(State)	(Zip Code)	EMAIL
Honolulu	HI	96813	wakeawe@lshaw.org

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input checked="" 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 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.

[Handwritten Signature]

1-16-13

(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
WAYNE KEANE		Comptroller	
NAME OF ORGANIZATION (#applicable)		TELEPHONE	
Legal Aid Society of Hawaii		(808) 527-8060	
MAILING ADDRESS (Street)		FAX (808) 527-8088	
924 Bethel Street		EMAIL	
(City)		WAKEANE@LSHAW.ORG	
(State)		(Zip Code)	
Honolulu		HI 96813	

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

[Handwritten Signature]

1-16-13

(Signature of Authorizing Officer or Person Represented)

(Date)