

**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 28 P 4 :35

NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) Kani'aupi'o	(First) Cris	(Middle) T.M.	TELEPHONE 808 779-2504
MAILING ADDRESS (Street) 86-080 Hoaha Street			FAX
(City) Waianae			EMAIL jus4cris@me.com
(State) HI			(Zip Code) 96792
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)			EMAIL
(State)			(Zip Code)

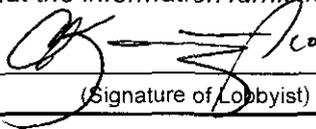
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Ho'okahi Leo Physical Therapist Assistants of Hawaii			TELEPHONE
MAILING ADDRESS (Street) P.O. Box 2			FAX
(City) Honolulu			EMAIL ptasofhawaii@gmail.com
(State) HI			(Zip Code) 96701
NAME OF PERSON RESPONSIBLE FOR PREPARING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



 (Signature of Lobbyist)

1/24/13

 (Date)

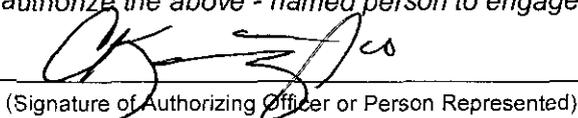
PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Cris Kani'aupio	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)
Honolulu	HI
	(Zip Code)
	96701

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



 (Signature of Authorizing Officer or Person Represented)

1/24/13

 (Date)