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 31 P5:17

NOTE: This is a public document.

FAX

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

STATE OF HAWAII
STATE ETHICS COMMISSION

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
Hollis	Annie	Rachel	589-1156 x1246
MAILING ADDRESS (Street)			FAX 589-1404
1350 S. King St #309			EMAIL ahollis@pphi.org
(City)	(State)		(Zip Code)
Honolulu	HI		96814
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Planned Parenthood of Hawaii			589-1156
MAILING ADDRESS (Street)			FAX 589-1404
1350 S. King St #309			EMAIL ahollis@pphi.org
(City)	(State)		(Zip Code)
Honolulu	HI		96814

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Planned Parenthood of Hawaii		586-1156
MAILING ADDRESS (Street)		FAX 589-1404
1350 S. King St #309		EMAIL contact@pphi.org
(City)	(State)	(Zip Code)
Honolulu	HI	96814
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Andrea Anderson		586-1156 x1223
MAILING ADDRESS (Street)		FAX 589-1404
1350 S. King St #309		EMAIL aanderson@pphi.org
(City)	(State)	(Zip Code)
Honolulu	HI	96814

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.

Annie Hollis — (Signature of Lobbyist)

~~1/30/12~~ 1/30/13 — (Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Andrea Anderson	CEO

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Planned Parenthood of Hawaii	589-1156 x1223
MAILING ADDRESS (Street)	FAX 589-1404
1350 S. King St #309	EMAIL aanderson@pphi.org

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

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

Andrea Anderson — (Signature of Authorizing Officer or Person Represented)

1/31/13 — (Date)