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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STATE OF HAWAII
STATE ETHICS COMMISSION

NOTE: This is a public document.

FAX

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
Polidoro	Kathryn	Reardon	589-1156 x. 226
MAILING ADDRESS (Street)			FAX 589-1404
1350. S. King Street Suite 309			EMAIL kpolidoro@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			same
MAILING ADDRESS (Street)			FAX Same
Same			EMAIL
(City)	(State)		(Zip Code)
Same			

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Planned Parenthood of Hawaii			589-1156
MAILING ADDRESS (Street)			FAX 589-1404
1350 S. King Street Suite 309			EMAIL aanderson@pphi.org
(City)	(State)		(Zip Code)
Honolulu,	HI		96814
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Andrea Anderson			589-1156 x 223
MAILING ADDRESS (Street)			FAX 589-1404
same			EMAIL aanderson@pphi.org
(City)	(State)		(Zip Code)
Same			

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.

(Signature of Lobbyist) 1/30/13 (Date)

PART V AUTHORIZATION TO LOBBY

NAME: Andrea Anderson

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED:

NAME OF ORGANIZATION (if applicable): Planned Parenthood of Hawaii

TELEPHONE: 589-1156 x.223

MAILING ADDRESS (Street): 1350 S. King St. Suite 309

FAX: 589-1404

EMAIL: aanderson@pphi.o

(City): Honolulu (State): HI (Zip Code): 96814

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

(Signature of Authorizing Officer or Person Represented) 1/31/13 (Date)