



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

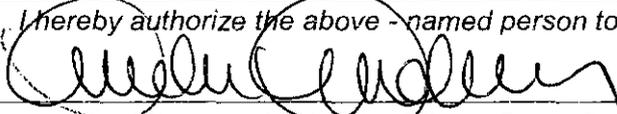
(Type or Print Clearly) STATE OF HAWAII
STATE ETHICS COMMISSION

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Polidoro	Kathryn	Reardon	589-1156 x. 226
MAILING ADDRESS (Street)			FAX
1350 S. King Street Suite 309			589-1404
(City)	(State)	(Zip Code)	EMAIL
Honolulu	HI	96814	Kpolidoro@pphi.org
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
(City)	(State)	(Zip Code)	EMAIL

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

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input checked="" type="checkbox"/> Education	<input checked="" type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input checked="" 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 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.	
	1/30/13
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY	
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Andrea Anderson	
NAME OF ORGANIZATION (if applicable)	TELEPHONE
Planned Parenthood of Hawaii	589-1156 x.223
MAILING ADDRESS (Street)	FAX
1350 S King St. Suite 309	589-1404
(City)	EMAIL
Honolulu HI	anderson@pphi.org
(State)	(Zip Code)
	96814
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.	
	1/31/13
(Signature of Authorizing Officer or Person Represented)	(Date)