



**HAWAII STATE ETHICS COMMISSION**  
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NOTE: This is a public document.

**LOBBYIST REGISTRATION FORM**

(Type or Print Clearly)

STATE OF HAWAII  
 STATE ETHICS COMMISSION

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
Pierce Parker	Barbara	Ann	207-400-7594
MAILING ADDRESS (Street)			FAX
355 Boylston Street			EMAIL bpierce@crj.org
(City)	(State)	(Zip Code)	
Boston	MA	02116	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Community Resources for Justice, Crime and Justice Institute			617-482-2520
MAILING ADDRESS (Street)			FAX 617-262-8054
355 Boylston Street			EMAIL kflorio@crj.org
(City)	(State)	(Zip Code)	
Boston	MA	02116	

<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Pew Charitable Trusts, Public Safety Performance Project			202-540-6479
MAILING ADDRESS (Street)			FAX
901 E Street, NW			EMAIL
(City)	(State)	(Zip Code)	
Washington	DC	2004	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Kate Florio, Community Resources for Justice			617-482-2520 x127
MAILING ADDRESS (Street)			FAX 617-262-8054
355 Boylston Street			EMAIL kflorio@crj.org
(City)	(State)	(Zip Code)	
Boston	MA	02116	

*FED EX*  
 REC'D BY-HAND DELIVERY

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 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 checked="" type="checkbox"/> Public Safety & Corrections	_____

PART IV CERTIFICATION OF LOBBYIST	
<i>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
 _____ (Signature of Lobbyist)	<u>12-10-13</u> _____ (Date)

PART V AUTHORIZATION TO LOBBY	
NAME Elyse Clawson	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Executive Director, Crime and Justice Institute
NAME OF ORGANIZATION (if applicable) Community Resources for Justice	TELEPHONE 503-477-8984
MAILING ADDRESS (Street) 355 Boylston Street	FAX 617-262-8054
	EMAIL eclawson@crj.org
(City) Boston	(State) MA
	(Zip Code) 02116
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>	
 _____ (Signature of Authorizing Officer or Person Represented)	<u>December 10, 2013</u> _____ (Date)