



HAWAII STATE ETHICS COMMISSION
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 TEL: (808) 587-0460 FAX: (808) 587-0470
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STATE OF HAWAII
 STATE ETHICS COMMISSION

NOTE: This is a public document.

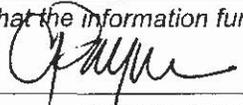
LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Payne, Christine B			(808)591-2771
MAILING ADDRESS (Street)			FAX (808)591-9071
1050 Ala Moana Blvd. Ste. 2610			EMAIL
			cpayne@alz.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
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Alzheimer's Disease and Related Disorders Association, Aloha Chapter			
MAILING ADDRESS (Street)			FAX
same			EMAIL
(City)	(State)	(Zip Code)	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Adam Weingarten, CPA			(312)335-5831
MAILING ADDRESS (Street)			FAX (866)865-3951
225 N. Michigan Ave. , 17th Floor			EMAIL
			aweingarten@alz.org
(City)	(State)	(Zip Code)	
Chicago, IL	60601		

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input checked="" 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 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>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
 _____ (Signature of Lobbyist)	<u>1/13/14</u> _____ (Date)

PART V AUTHORIZATION TO LOBBY	
NAME Tricia Medeiros	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President, Board of Directors
NAME OF ORGANIZATION (if applicable) Alzheimer's Disease and Related Disorders Assoc., Aloha Chapter	TELEPHONE (808)591-2771
MAILING ADDRESS (Street) 1050 Ala Moana Blvd. Ste. 2610	FAX
	EMAIL
(City) Honolulu, HI 96814	(State) (Zip Code)
<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>1/13/14</u> _____ (Date)