



HAWAII STATE ETHICS COMMISSION
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 TEL: (808) 587-0460 FAX: (808) 587-0470
 email: ethics@hawaiiethics.org
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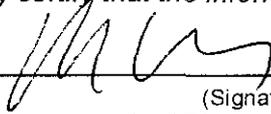
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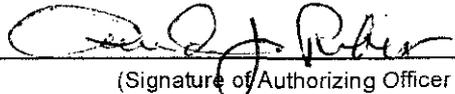
LOBBYIST REGISTRATION FORM STATE OF HAWAII
 (Type or Print Clearly) STATE ETHICS COMMISSION

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Geminiani	Victor		587-7605
MAILING ADDRESS (Street)			FAX
PO Box 37952			EMAIL
			victor@hiappleseed.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96837-0952	
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
Hawaii Appleseed Center for Law and Economic Justice			587-7605
MAILING ADDRESS (Street)			FAX
PO Box 37952			EMAIL
			lej@hiappleseed.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96837-0952	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

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 checked="" 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>	
	12-17-12
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY			
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
David Reber		President	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Hawaii Appleseed Center for Law and Economic Justice		587-7605	
MAILING ADDRESS (Street)		FAX	
PO Box 37952		EMAIL	
		dreber@goodsil.com	
(City)	(State)	(Zip Code)	
Honolulu	HI	96837-0952	
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>			
		12-20-12	
(Signature of Authorizing Officer or Person Represented)		(Date)	