

**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
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 Web site: www.hawaii.gov/ethics

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STATE OF HAWAII
 STATE ETHICS COMMISSION

NOTE: This is a public document.

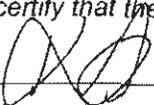
LOBBYIST REGISTRATION FORM

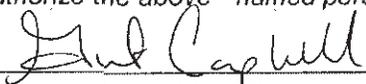
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Canady	Kelly		312-893-6437
MAILING ADDRESS (Street)			FAX
224 N. Desplaines, Suite 500			EMAIL
			kcanady@barackobama.com
(City)	(State)	(Zip Code)	
Chicago	IL	60661	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
224 N. Desplaines, Suite 500			EMAIL
(City)	(State)	(Zip Code)	
Chicago	IL	60661	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Organizing for Action			312-893-6437
MAILING ADDRESS (Street)			FAX
224 N. Desplaines, Suite 500			EMAIL
			esiciliano@barackobama.com
(City)	(State)	(Zip Code)	
Chicago	IL	60661	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Elisabeth Siciliano			312-893-6437
MAILING ADDRESS (Street)			FAX
224 N. Desplaines, Suite 500			EMAIL
			esiciliano@barackobama.com
(City)	(State)	(Zip Code)	
Chicago	IL	60661	

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 checked="" 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.	
	10/26/2014
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Grant Campbell	Treasurer	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
Organizing for Action	312-893-6437	
MAILING ADDRESS (Street)	FAX	
224 N. Desplaines, Suite 500	EMAIL	
	gcampbell@barackobama.com	
(City)	(State)	(Zip Code)
Chicago	IL	60661
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.		
	10/27/14	
(Signature of Authorizing Officer or Person Represented)	(Date)	