



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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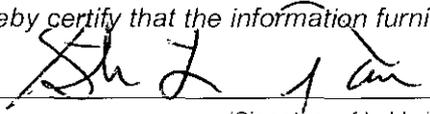
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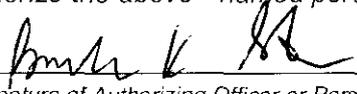
LOBBYIST REGISTRATION FORM STATE OF HAWAII
STATE ETHICS COMMISSION
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Tam	Steven	L	(808) 545-6005
MAILING ADDRESS (Street)			FAX (808) 537-2288
1132 Bishop St., Suite 1920			EMAIL stam@aarp.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
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
AARP Hawaii			(808) 545-6005
MAILING ADDRESS (Street)			FAX (808) 537-2288
1132 Bishop St., Suite 1920			EMAIL stam@aarp.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Barbara Kim Stanton			(808) 545-6001
MAILING ADDRESS (Street)			FAX (808) 537-2288
1132 Bishop St., Suite 1920			EMAIL bstanton@aarp.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

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 checked="" type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" 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>	
	<u>12/21/12</u>
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Barbara Kim Stanton	State Director	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
AARP Hawaii	(808) 545-6001	
MAILING ADDRESS (Street)	FAX	
1132 Bishop St., Suite 1920	(808) 537-2288	
	EMAIL	
(City)	(State)	(Zip Code)
Honolulu	HI	96813
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
	<u>12/21/12</u>	
(Signature of Authorizing Officer or Person Represented)	(Date)	