

2014



**HAWAII STATE ETHICS COMMISSION**  
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STATE OF HAWAII  
 STATE ETHICS COMMISSION

NOTE: This is a public document.

### LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>		
NAME (Last) Mikulanec	(First) Jacce	(Middle) 
TELEPHONE (808) 531-5502		
MAILING ADDRESS (Street) 850 Richards Street Suite 201		FAX 
EMAIL <a href="mailto:jmikulanec@goodbeginnings.org">jmikulanec@goodbeginnings.org</a>		
(City) Honolulu	(State) HI	(Zip Code) 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)

<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Good Beginnings Alliance-Children's Action Network		TELEPHONE (808) 531-5502
MAILING ADDRESS (Street) 850 Richards Street Suite 201		FAX 
EMAIL <a href="mailto:jmikulanec@goodbeginnings.org">jmikulanec@goodbeginnings.org</a>		
(City) Honolulu	(State) HI	(Zip Code) 96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Deborah Zysman		TELEPHONE (808) 531-5502
MAILING ADDRESS (Street) 850 Richards Street Suite 201		FAX 
EMAIL <a href="mailto:dzysman@goodbeginnings.org">dzysman@goodbeginnings.org</a>		
(City) Honolulu	(State) HI	(Zip Code) 96813

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input checked="" 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 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>	
	2/9/15
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Deborah Zysman	Executive Director	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
Good Beginnings Alliance-Children's Action Network	(808)531-5502	
MAILING ADDRESS (Street)	FAX	
850 Richards Street Suite 201		
	EMAIL	
	dzysman@goodbeginnings.org	
(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>		
	2/9/15	
(Signature of Authorizing Officer or Person Represented)	(Date)	