

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)

PART I LOBBYIST		
NAME (Last) Brad	(First) Bailey	(Middle)
TELEPHONE (808) 531-5502		
MAILING ADDRESS (Street) 850 Richards Street Suite 201		FAX
EMAIL dzysman@goodbeginnings.org		
(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)

PART II ORGANIZATION		
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 dzysman@goodbeginnings.org		
(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) same as above		FAX
EMAIL dzysman@goodbeginnings.org		
(City) Honolulu	(State) HI	(Zip Code) 96813

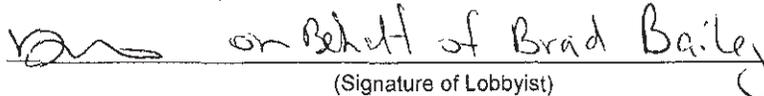
REC'D BY email

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 hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

 on behalf of Brad Bailey 2/13/15
 (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 hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

 2/13/15
 (Signature of Authorizing Officer or Person Represented) (Date)