

**HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, HONOLULU, HAWAII 96813
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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
Finlay	Amanda	Joyce	(808) 522-5905
MAILING ADDRESS (Street)			FAX (808) 522-5909
P.O. Box 3410			EMAIL mfinlay@acluhawaii.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96801	
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
American Civil Liberties Union of Hawaii			(808) 522-5908
MAILING ADDRESS (Street)			FAX (808) 522-5909
P.O. Box 3410			EMAIL mfinlay@acluhawaii.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96801	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Vanessa Chong			(808) 522-5901
MAILING ADDRESS (Street)			FAX (808) 522-5909
P.O. Box 3410			EMAIL tt@acluhawaii.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96801	

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 checked="" type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input checked="" type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input checked="" type="checkbox"/> Other: (indicate below) <u>Civil rights /</u> <u>Civil Liberties</u>
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input checked="" type="checkbox"/> Housing	<input checked="" 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.

Amanda J. Finlay
(Signature of Lobbyist)

08/12/15

(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Vanessa Chong		Executive Director	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
American Civil Liberties Union of Hawaii		(808) 522-5901	
MAILING ADDRESS (Street)		FAX (808) 522-5909	
P.O. Box 3410		EMAIL tt@acluhawaii.org	
(City)	(State)	(Zip Code)	
Honolulu	HI	96801	

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

V. Chong
(Signature of Authorizing Officer or Person Represented)

08/12/15

(Date)