



HAWAII STATE ETHICS COMMISSION
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*15 DEC -2 A10 :23

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
Takishima-Lacasa	Julie	Yurie	N/A
MAILING ADDRESS (Street)			FAX _
P.O. Box 833			EMAIL julie.takishima@yahoo.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96808	
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
Hawai'i Psychological Association			N/A
MAILING ADDRESS (Street)			FAX _
P.O. Box 833			EMAIL www.hawaiipsychology.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96808	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Alex Santiago, Executive Director			808-383-9032
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

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 checked="" 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 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.


11.25.15

(Signature of Lobbyist) (Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Alex Santiago		Executive Director	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Hawai'i Psychological Association		N/A	
MAILING ADDRESS (Street)		FAX	
P.O. Box 833		EMAIL	
		www.hawaiiopsychology.org	
(City)	(State)	(Zip Code)	
Honolulu	HI	96808	
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>			
		11-24-15	
(Signature of Authorizing Officer or Person Represented)		(Date)	