



**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  
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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
Studerus	Ashley	Rose	808-591-2771
MAILING ADDRESS (Street)			FAX
1130 N. Nimitz Highway suite A-265			808-591-9071
(City)	(State)		EMAIL
Honolulu	HI	96817	ARSTUDERUS@ALZ.ORG
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)		EMAIL
			(Zip Code)

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Alzheimer's Association			808-591-2771
MAILING ADDRESS (Street)			FAX
1130 N. Nimitz Highway suite A-265			808-591-9071
(City)	(State)		EMAIL
Honolulu	HI	96817	ARSTUDERUS@ALZ.ORG
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
JANICE McCREARY			(312)604-1661
MAILING ADDRESS (Street)			FAX
225 N. MICHIGAN AVE 17th FL			EMAIL
(City)	(State)		jmccreary@alz.org
CHICAGO	IL	60601	(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 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 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 hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

Cashley Studerus  
(Signature of Lobbyist)

1/15/16  
(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

EXECUTIVE DIRECTOR

NAME OF ORGANIZATION (if applicable)

ALZHEIMER'S ASSOC., ALOHA CHAPTER

TELEPHONE

(808) 591-2771

MAILING ADDRESS (Street)

1130 N. NIMITZ HIGHWAY STE A-265

FAX (808) 591-9071

EMAIL cpayne@alz.org

(City)

(State)

(Zip Code)

HONOLULU, HI 96817

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

Payne  
(Signature of Authorizing Officer or Person Represented)

1/15/16  
(Date)