



**HAWAII STATE ETHICS COMMISSION**

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or P.O. BOX 616, HONOLULU, HAWAII 96809  
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'16 JAN 12 A10 :00

STATE OF HAWAII  
STATE ETHICS COMMISSION

NOTE: This is a public document.

**LOBBYIST REGISTRATION FORM**

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) Rauckhorst	(First) Jerry	(Middle) 	TELEPHONE (808)527-4878
MAILING ADDRESS (Street) 1822 Keeaumoku Street			FAX (808)527-4879
			EMAIL <a href="mailto:jrauckhorst@catholiccharitieshawaii.org">jrauckhorst@catholiccharitieshawaii.org</a>
(City) Honolulu	(State) Hawaii	(Zip Code) 96822	
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)	

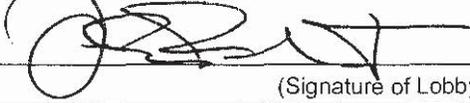
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Catholic Charities Hawaii		TELEPHONE (808)527-4673
MAILING ADDRESS (Street) 1822 Keeaumoku Street		FAX (808)527-4879
		EMAIL <a href="mailto:celine.allouchery@catholiccharitieshawaii.org">celine.allouchery@catholiccharitieshawaii.org</a>
(City) Honolulu	(State) Hawaii	(Zip Code) 96822
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Celine Allouchery		TELEPHONE (808)527-4880
MAILING ADDRESS (Street) 1822 Keeaumoku Street		FAX (808)527-4879
		EMAIL <a href="mailto:celine.allouchery@catholiccharitieshawaii.org">celine.allouchery@catholiccharitieshawaii.org</a>
(City) Honolulu	(State) HI	(Zip Code) 96822

**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 checked="" 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 checked="" 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.*



(Signature of Lobbyist)

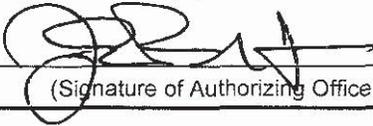
*1/5/16*

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME Jerry Rauckhorst		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President & CEO	
NAME OF ORGANIZATION (if applicable) Catholic Charities Hawaii		TELEPHONE (808)527-4878	
MAILING ADDRESS (Street) 1822 Keeaumoku Street		FAX (808)527-4879	
		EMAIL jrauckhorst@catholiccharitieshawaii.org	
(City) Honolulu	(State) HI	(Zip Code) 96822	

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



(Signature of Authorizing Officer or Person Represented)

*1/5/16*

(Date)