



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
 email: ethics@hawaiiethics.org
 Web site: www.hawaii.gov/ethics

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STATE OF HAWAII
 STATE ETHICS COMMISSION

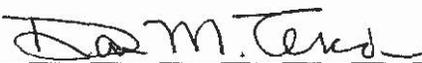
LOBBYIST REGISTRATION FORM

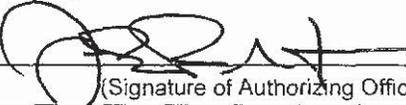
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Terada	Diane	M.	(808)527-4702
MAILING ADDRESS (Street)			FAX (808)527-4709
1822 Keeaumoku Street			EMAIL
			diane.terada@catholiccharitieshawaii.org
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	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)			TELEPHONE
Catholic Charities Hawaii			(808)527-4702
MAILING ADDRESS (Street)			FAX (808)527-4709
1822 Keeaumoku Street			EMAIL
			diane.terada@catholiccharitieshawaii.org
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96822	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Celine Allouchery			(808)527-4880
MAILING ADDRESS (Street)			FAX (808)527-4879
1822 Keeaumoku Street			EMAIL
			celine.allouchery@catholiccharitieshawaii.org
(City)	(State)	(Zip Code)	
Honolulu	HI	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 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>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
	<u>1/5/16</u>
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY			
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Jerry Rauckhorst		President & CEO	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Catholic Charities Hawaii		(808)527-4878	
MAILING ADDRESS (Street)		FAX (808)527-4879	
1822 Keeaumoku Street		EMAIL	
		jrauckhorst@catholiccharitieshawaii.org	
(City)	(State)	(Zip Code)	
Honolulu	HI	96822	
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>			
		<u>1/5/16</u>	
(Signature of Authorizing Officer or Person Represented)		(Date)	