



**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.

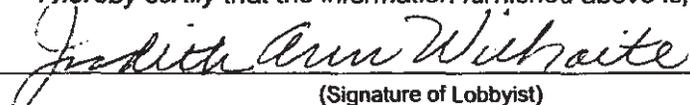
**LOBBYIST REGISTRATION FORM**

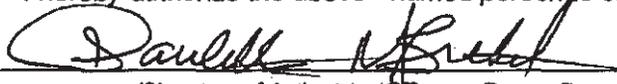
(Type or Print Clearly)

| <b>PART I LOBBYIST</b>  |         |            |   |
|---|---------|------------|---|
| NAME (Last)   | (First) | (Middle)   | TELEPHONE                               |
| Wilhoite  | Judith  | Ann        | (808)540-2543                           |
| MAILING ADDRESS (Street)  |         |            | FAX (808)533-1018                       |
| 250 Vineyard Street   |         |            | EMAIL<br>jwilhoite@familyprogramshi.org |
| (City)  | (State) | (Zip Code) |   |
| Honolulu  | Hawaii  | 96813      |   |
| 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) |   |
|   |         |            |   |

| <b>PART II ORGANIZATION</b>  |         |            |  |
|--|---------|------------|--|
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)                         |         |            | TELEPHONE                              |
| Family Programs Hawaii   |         |            | (808)521-9531                          |
| MAILING ADDRESS (Street)   |         |            | FAX (808)533-1018                      |
| 250 Vineyard Street  |         |            | EMAIL<br>pbethel@familyprogramshi.org  |
| (City)   | (State) | (Zip Code) |  |
| Honolulu   | Hawaii  | 96813      |  |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT |         |            | TELEPHONE                              |
| Suzanne Sarlund  |         |            | (808)540-2561                          |
| MAILING ADDRESS (Street)   |         |            | FAX (808)533-1018                      |
| 250 Vineyard Street  |         |            | EMAIL<br>ssarlund@familyprogramshi.org |
| (City)   | (State) | (Zip Code) |  |
| Honolulu   | Hawaii  | 96813      |  |

| 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 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>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i> |                |
|                                    | <u>1/20/16</u> |
| (Signature of Lobbyist)   | (Date)         |

| PART V AUTHORIZATION TO LOBBY   |  |            |
|---|--|------------|
| NAME  | TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED |            |
| Paulette M. Bethel  | President and CEO                                  |            |
| NAME OF ORGANIZATION (if applicable)  | TELEPHONE  |            |
| Family Programs Hawaii  | (808)521-9531                                      |            |
| MAILING ADDRESS (Street)  | FAX  |            |
| 250 Vineyard Street   | (808)533-1018                                      |            |
|   | EMAIL  |            |
|   | pbethel@familyprogramshi.org                       |            |
| (City)  | (State)  | (Zip Code) |
| Honolulu  | Hawaii   | 96813      |
| <i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i> |  |            |
|                                | <u>1/19/16</u>                                     |            |
| (Signature of Authorizing Officer or Person Represented)  | (Date)   |            |