

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

THIS SPACE FOR OFFICE USE ONLY

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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
GARVAL	HOWARD		8086813500
MAILING ADDRESS (Street)			FAX
CHILD & FAMILY SERVICE, 91-1841 FT WEAVER RD			EMAIL
			HGARVAL@CFS-HAWAII.ORG
(City)	(State)	(Zip Code)	
EWA BEACH	HI	96706	
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)	
EWA BEACH	HI	96706	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
CHILD & FAMILY SERVICE		8086813500
MAILING ADDRESS (Street)		FAX
91-1841 FT WEAVER RD		EMAIL
(City)	(State)	(Zip Code)
EWA BEACH	HI	96706
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
VIVIAN YASUNAGA		8086813500
MAILING ADDRESS (Street)		FAX
91-1841 FT WEAVER RD		EMAIL
		VYASUNAGA@CFS-HAWAII.ORG
(City)	(State)	(Zip Code)
EWA BEACH	HI	96706

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 hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

1/15/14
(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
HOWARD GARVAL	PRESIDENT & CEO

NAME OF ORGANIZATION (if applicable)

CHILD & FAMILY SERVICE

TELEPHONE

8086813500

MAILING ADDRESS (Street)

91-1841 FT WEAVER RD

FAX

EMAIL

(City)

(State)

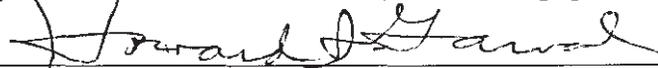
(Zip Code)

EWA BEACH

HI

96706

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



(Signature of Authorizing Officer or Person Represented)

1/15/14
(Date)