



HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813
or P.O. BOX 616, HONOLULU, HAWAII 96809
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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) Coarsey | (First) C. Kent | (Middle) |
| TELEPHONE (808)540-2557 | | |
| MAILING ADDRESS (Street) 250 Vineyard Street | | FAX (808)533-1018 |
| | | EMAIL kcoarsey@familyprogramshi.org |
| (City) Honolulu | (State) HI | (Zip Code) 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) |

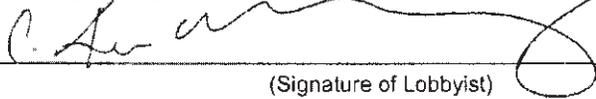
| | | |
|---|---------------|--|
| PART II ORGANIZATION | | |
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Family Programs Hawaii | | TELEPHONE (808)521-9531 |
| MAILING ADDRESS (Street) 250 Vineyard Street | | FAX (808)533-1018 |
| | | EMAIL |
| (City) Honolulu | (State) HI | (Zip Code) 96813 |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Suzanne Sarlund | | TELEPHONE (808)540-2561 |
| MAILING ADDRESS (Street) 250 Vineyard Street | | FAX (808)533-1018 |
| | | EMAIL ssarlund@familyprogramshi.org |
| (City) Honolulu | (State) HI | (Zip Code) 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 hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



2/11/10

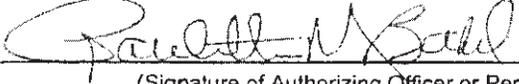
(Signature of Lobbyist)

(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)540-2547 | |
| MAILING ADDRESS (Street) | | FAX (808)533-1018 | |
| 250 Vineyard Street | | EMAIL pbethel@familyprogramshi.org | |
| (City) | (State) | (Zip Code) | |
| Honolulu | HI | 96813 | |

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



2/01/16

(Signature of Authorizing Officer or Person Represented)

(Date)