



HAWAII STATE ETHICS COMMISSION

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*16 FEB -4 A9 :42

NOTE: This is a public document.

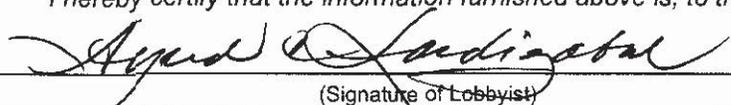
LOBBYIST REGISTRATION FORM

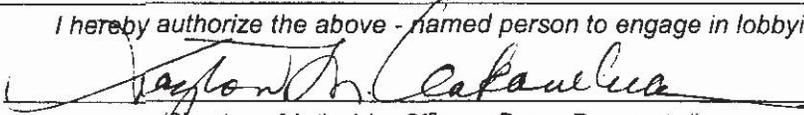
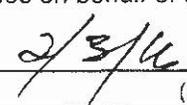
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Lardizabal	Alfred	C.	8088472631
MAILING ADDRESS (Street)			FAX 8088481987
1426 North School Street			EMAIL
			jendo@upwhawaii.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96817	
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
United Public Workers, AFSCME, Local 646, AFL-CIO			8088472631
MAILING ADDRESS (Street)			FAX 8088481987
1426 North School Street			EMAIL
			jendo@upwhawaii.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96817	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Jeanne K. Endo			8088472631
MAILING ADDRESS (Street)			FAX 8088481987
1426 North School Street			EMAIL
			jendo@upwhawaii.org
(City)	(State)	(Zip Code)	
Honolulu	HI		

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input checked="" type="checkbox"/> Agriculture	<input checked="" type="checkbox"/> Education	<input checked="" type="checkbox"/> Human Services	<input checked="" type="checkbox"/> Science, Technology & Economic Development
<input checked="" type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operation & Finance	<input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs	<input checked="" type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input checked="" type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input checked="" type="checkbox"/> Transportation
<input checked="" type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input checked="" type="checkbox"/> Ecology, Energy Environmental Protection	<input checked="" type="checkbox"/> Housing	<input checked="" 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)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Dayton M. Nakanelua	State Director	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
United Public Workers, AFSCME, Local 646, AFL-CIO	8088472631	
MAILING ADDRESS (Street)	FAX	EMAIL
1426 North School Street	8481987	jendo@upwhawaii.org
(City)	(State)	(Zip Code)
Honolulu	HI	96817
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.		
		
(Signature of Authorizing Officer or Person Represented)	(Date)	