



# HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813

or P.O. BOX 616, HONOLULU, HAWAII 96809

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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
Simowitz	Kevin	J	540-847-9729
MAILING ADDRESS (Street)			FAX
409 Cumberland Ave #411			EMAIL <sup>Kevin@</sup> caringacrossgenerations.org
(City)	(State)	(Zip Code)	
Portland	ME	04101	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
<del>BBB</del>			
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

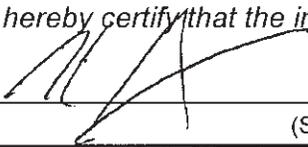
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Caring Across Generations			646-360-5815
MAILING ADDRESS (Street)			FAX
395 Hudson St Floor 4			EMAIL <sup>maee</sup> caringacrossgenerations.org
(City)	(State)	(Zip Code)	
New York	NY	10014	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Kevin Simowitz			540-847-9729
MAILING ADDRESS (Street)			FAX
409 Cumberland Ave #411			EMAIL <sup>Kevin@</sup> caringacrossgenerations.org
(City)	(State)	(Zip Code)	
Portland	ME	04101	

**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 checked="" 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 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)

29 January 2016  
(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Ai-jen Poo

Co-director, Caring Across Generations

NAME OF ORGANIZATION (if applicable)

Caring Across Generations

TELEPHONE

646-360-5815

MAILING ADDRESS (Street)

395 Hudson St Floor 4

FAX

EMAIL maee  
caring.acrossgenerations.org

(City)

(State)

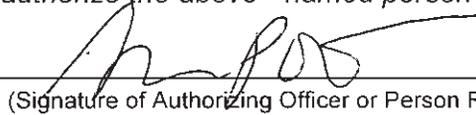
(Zip Code)

New York

NY

10014

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



(Signature of Authorizing Officer or Person Represented)

1/29/16

(Date)