

**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](mailto:ethics@hawaiiethics.org)  
 Web site: [www.hawaii.gov/ethics](http://www.hawaii.gov/ethics)

THIS SPACE FOR OFFICE USE ONLY

15 JAN -8 P 3:00

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
Wisch	Joshua	Alexander	(808) 545-6005
MAILING ADDRESS (Street)			FAX (808) 537-2288
1132 Bishop Street, Suite 1920			EMAIL jwisch@aarp.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)	

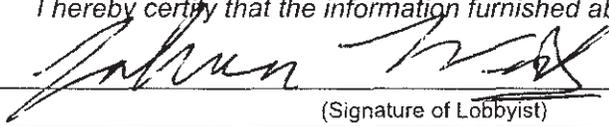
<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
AARP			(808) 545-6005
MAILING ADDRESS (Street)			FAX (808) 537-2288
1132 Bishop Street, Suite 1920			EMAIL jwisch@aarp.org
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Barbara Kim Stanton			(808) 545-6001
MAILING ADDRESS (Street)			FAX (808) 537-2288
1132 Bishop Street, Suite 1920			EMAIL bstanton@aarp.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 checked="" 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 checked="" 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 checked="" 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.*

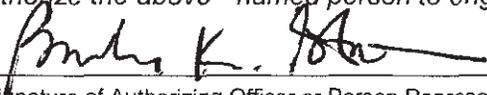
 \_\_\_\_\_ 1/8/15

(Signature of Lobbyist) (Date)

**PART V AUTHORIZATION TO LOBBY**

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Barbara Kim Stanton		State Director	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
AARP Hawaii		(808) 545-6001	
MAILING ADDRESS (Street)		FAX (808) 537-2288	
1132 Bishop Street, Suite 1920		EMAIL	
		bstanton@aarp.org	
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	

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

 \_\_\_\_\_ 1/8/15

(Signature of Authorizing Officer or Person Represented) (Date)