



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

15 JAN 12 P 1:14

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
Lewis	Joan	Kamila	808-561-1988
MAILING ADDRESS (Street)			FAX
91-108 Kaimalie St., R4			EMAIL
			jlewis@hsta.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
Hawaii State Teachers Association (HSTA)			808-833-2711
MAILING ADDRESS (Street)			FAX 808-839-7106
1200 Ala Kapuna St.			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96819	

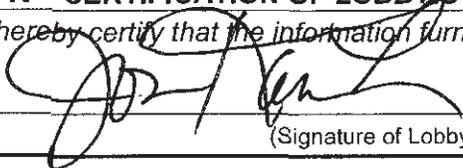
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii State Teachers Association (HSTA)			808-833-2711
MAILING ADDRESS (Street)			FAX 808-839-7106
1200 Ala Kapuna St.			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96819	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Tanya Abalos			808-840-2253
MAILING ADDRESS (Street)			FAX 808-839-7106
1200 Ala Kapuna St.			EMAIL
			tabalos@hsta.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96819	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Agriculture | <input checked="" type="checkbox"/> Education | <input 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 checked="" 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)

12/12/14

(Date)

PART V AUTHORIZATION TO LOBBY

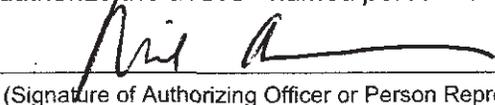
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Wil Okabe	President, Hawaii State Teachers Association

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Hawaii State Teachers Association (HSTA)	808-833-2711

MAILING ADDRESS (Street)	FAX
1200 Ala Kapuna St.	808-839-7106
	EMAIL

(City)	(State)	(Zip Code)
Honolulu	HI	96819

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



(Signature of Authorizing Officer or Person Represented)

12/3/14

(Date)