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
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Web site: www.hawaii.gov/ethics

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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
Andrade	Eva	M	808-203-6704
MAILING ADDRESS (Street)			FAX 808-261-7022
6301 Pali Highway			EMAIL director@hawaiifamilyforum.org
(City)	(State)		(Zip Code)
Kaneohe	Hawaii		96744
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
Hawaii Family Forum			808-261-7022
MAILING ADDRESS (Street)			FAX 808-261-7022
6301 Pali Highway			EMAIL info@hawaiifamilyforum.org
(City)	(State)		(Zip Code)
Kaneohe	Hawaii		96744
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Eva Andrade			808-203-6704
MAILING ADDRESS (Street)			FAX 808-261-7022
6301 Pali Highway			EMAIL director@hawaiifamilyforum.org
(City)	(State)		(Zip Code)
Kaneohe	Hawaii		96744

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

☐ Agriculture	☑ Education	☑ Human Services	☐ Science, Technology & Economic Development
☐ Communications & Public Utilities	☑ Government Operation & Finance	☐ Intergovernmental Relations, International Affairs	☐ Tourism & Recreation
☐ Consumer Protection & Commerce	☑ Hawaiian Affairs	☑ Labor & Employment	☐ Transportation
☐ Culture, Arts, Historic Preservation	☑ Health	☐ Planning, Land & Water Use Management	☑ Other: (indicate below)
☐ Ecology, Energy Environmental Protection	☑ Housing	☐ 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.

Lisa M. Andrade — 01/15/15

(Signature of Lobbyist) (Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
	President

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Hawaii Family Forum	808-261-7022
MAILING ADDRESS (Street)	FAX 808-261-7022
6301 Pali Highway	EMAIL info@hawaiifamilyforum.org

(City)	(State)	(Zip Code)
Kaneohe	Hawaii	96744

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

[illegible] — 01/13/15

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