



**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 16 P12:55

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
Lovitt	Angela	J.	8085278003
MAILING ADDRESS (Street)			FAX 8085278088
924 Bethel Street			EMAIL angela.lovitt@legalaidhawaii.org
(City)	(State)	(Zip Code)	
Honolulu	HI	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
Legal Aid Society of Hawaii			8085364302
MAILING ADDRESS (Street)			FAX 8085278088
924 Bethel Street			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96825	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Wayne Keawe			8085278060
MAILING ADDRESS (Street)			FAX 8085278088
924 Bethel Street			EMAIL wayne.keawe@legalaidhawaii.org
(City)	(State)	(Zip Code)	
Honolulu	HI	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 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>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
	1/6/2015
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Michelle Nalani Fujimori Kaina	Executive Director	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
Legal Aid Society of Hawaii	8085278014	
MAILING ADDRESS (Street)	FAX 8085278088	
924 Bethel Street	EMAIL	
	nalani.kaina@legalaidhawaii.org	
(City)	(State)	(Zip Code)
Honolulu	HI	96813
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
	01/06/15	
(Signature of Authorizing Officer or Person Represented)	(Date)	