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
Kaina	Michelle	Nalani Fujimori	8085278014
MAILING ADDRESS (Street)			FAX 8085278088
924 Bethel Street			EMAIL nalani.kaina@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)

PART II ORGANIZATION

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

☐ 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.

(Signature of Lobbyist) 01/06/15 (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 hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented) 01/06/15 (Date)