



**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)

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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
Zysman	Deborah		(808) 531-5502
MAILING ADDRESS (Street)			FAX
850 Richards Street Suite 201			EMAIL
			<a href="mailto:dzysman@goodbeginnings.org">dzysman@goodbeginnings.org</a>
(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
Good Beginnings Alliance			(808) 531-5502
MAILING ADDRESS (Street)			FAX
850 Richards Street Suite 201			EMAIL
			<a href="mailto:dzysman@goodbeginnings.org">dzysman@goodbeginnings.org</a>
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Deborah Zysman			(808) 531-5502
MAILING ADDRESS (Street)			FAX
Same as above			EMAIL
(City)	(State)	(Zip Code)	

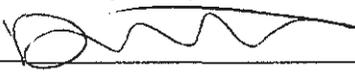
REC'D BY email

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

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



1/29/15

(Signature of Lobbyist)

(Date)

**PART V AUTHORIZATION TO LOBBY**

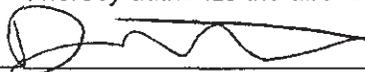
NAME Deborah Zysman	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Vice President and Executive Director
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NAME OF ORGANIZATION (if applicable) Good Beginnings Alliance	TELEPHONE (808) 531-5502
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MAILING ADDRESS (Street) 850 Richards Street Suite 201	FAX	EMAIL dzysman@goodbeginnings.org
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(City) Honolulu	(State) HI	(Zip Code) 96813
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*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*



1/29/15

(Signature of Authorizing Officer or Person Represented)

(Date)