**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

# LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

## PART I LOBBYIST

| NAME (Last) | (First) | (Middle) | TELEPHONE |
|---|---|---|---|
| Jagosh | Paul | M | 2088508328 |
| MAILING ADDRESS (Street) | | | FAX |
| 333 Mark Stall Place | | | EMAIL pjagosh@hotmail.com |
| (City) | (State) | | (Zip Code) |
| Boise | ID | | 83704 |
| 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 |
|---|---|---|
| PROTECT | | 865-525-0901 |
| MAILING ADDRESS (Street) | | FAX |
| PO Box 2127 | | EMAIL jenniferallen@protect.org |
| (City) | (State) | (Zip Code) |
| Knoxville | TN | 37901 |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT | | TELEPHONE |
| Jenniler Allen | | 865-525-0901 |
| MAILING ADDRESS (Street) | | FAX |
| PO Box 2127 | | EMAIL jenniferallen@protect.org |
| (City) | (State) | (Zip Code) |
| Knoxville | TN | 37901 |



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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.*

(Signature of Lobbyist) 1/8/15 (Date)

## PART V AUTHORIZATION TO LOBBY

| NAME | TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED |
|---|---|
| Jennifer Allen | Administrative Coordinator |

| NAME OF ORGANIZATION (if applicable) | TELEPHONE |
|---|---|
| PROTECT | 865-525-0901 |
| MAILING ADDRESS (Street) | FAX |
| PO Box 2127 | EMAIL jenniferallen@protect.org |

| (City) | (State) | (Zip Code) |
|---|---|---|
| Knoxville | TN | 37901 |

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

Jennifer Allen (Signature of Authorizing Officer or Person Represented) 1-8-15 (Date)