



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
Web site: www.hawaii.gov/ethics

THIS SPACE FOR OFFICE USE ONLY

15 JAN 28 P 1:10

STATE OF HAWAII
STATE ETHICS COMMISSION

NOTE: This is a public document.

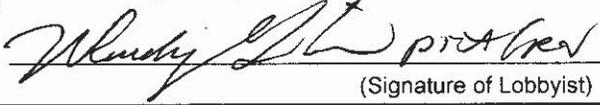
LOBBYIST REGISTRATION FORM

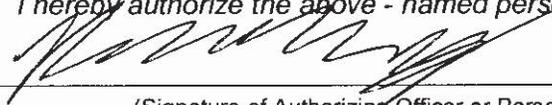
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) <i>Gibson</i>	(First) <i>Wendy</i>	(Middle) <i>—</i>	TELEPHONE <i>(808) 321-4503</i>
MAILING ADDRESS (Street) <i>3929 Lanipili Place</i>			FAX
(City) <i>Honolulu</i>	(State) <i>HI</i>		EMAIL <i>Wendy.gibson9@gmail.com</i>
			(Zip Code) <i>96816</i>
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)		EMAIL
			(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) <i>Drug Policy Action Group</i>		TELEPHONE <i>(808) 853-3231</i>
MAILING ADDRESS (Street) <i>PO Box 83</i>		FAX <i>(808)</i>
(City) <i>Honolulu</i>	(State) <i>HI</i>	EMAIL <i>Organizer@dphhi.org</i>
		(Zip Code) <i>96810</i>
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT <i>Rafael Kennedy</i>		TELEPHONE <i>808 218 1207</i>
MAILING ADDRESS (Street) <i>801 S. King St. Apt 1401</i>		FAX
(City) <i>Honolulu</i>	(State) <i>HI</i>	EMAIL <i>Kennedy@four-rules.com</i>
		(Zip Code) <i>96813</i>

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input 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 checked="" 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>	
	<u>14 Jan 15</u>
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Rafael Kennedy	Executive Director	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
Drug Policy Action Group		
MAILING ADDRESS (Street)	FAX	
PO Box 83		
(City)	(State)	(Zip Code)
Honolulu	HI	96810
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
	<u>01/27/15</u>	
(Signature of Authorizing Officer or Person Represented)	(Date)	