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

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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
Love	Nicole (Nikki)	N.	808-529-0456
MAILING ADDRESS (Street)			FAX n/a
Hawai`i Alliance of Nonprofit Organizations, 1020 S. Beretania, 2nd Floor			EMAIL nlove@hano-hawaii.org
(City)	(State)		(Zip Code)
Honolulu	HI		96814
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
Hawai`i Alliance of Nonprofit Organizations		808-529-0466
MAILING ADDRESS (Street)		FAX n/a
1020 S. Beretania Street, 2nd Floor		EMAIL info@hano-hawaii.org
(City)	(State)	(Zip Code)
Honolulu	HI	96814
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Lisa T. Maruyama		808-529-0454
MAILING ADDRESS (Street)		FAX n/a
1020 S. Beretania Street, 2nd Floor		EMAIL lmaruyama@hano-hawaii.org
(City)	(State)	(Zip Code)
Honolulu	HI	96814

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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) — 2/2/2015 (Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Lisa T. Maruyama	President and CEO

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Hawai`i Alliance of Nonprofit Organizations	808-529-0454
MAILING ADDRESS (Street)	FAX n/a
1020 S. Beretania Street, 2nd Floor	EMAIL lmaruyama@hano-hawaii.org

(City)	(State)	(Zip Code)
Honolulu	HI	96814

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

(Signature of Authorizing Officer or Person Represented) — 2/2/15 (Date)