



**HAWAII STATE ETHICS COMMISSION**  
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 or P.O. BOX 616, HONOLULU, HAWAII 96809  
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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             |
| Souki   | Jeannine | Aguon      | 808-203-7713          |
| MAILING ADDRESS (Street)  |          |            | FAX                   |
| 1212 Nuuanu Ave #403  |          |            | n/a                   |
| (City)  | (State)  | (Zip Code) | EMAIL                 |
| Honolulu  | HI       | 96817      | jeannine808@gmail.com |
| 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)  | (Zip Code) | EMAIL                 |
|   |          |            |                       |

| PART II ORGANIZATION   |         |            |              |
|--|---------|------------|--------------|
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)                         |         |            | TELEPHONE    |
| Good Beginnings Alliance   |         |            |              |
| MAILING ADDRESS (Street)   |         |            | FAX          |
| 850 Richards St. #201  |         |            |              |
| (City)   | (State) | (Zip Code) | EMAIL        |
| Honolulu   | HI      | 96813      |              |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT |         |            | TELEPHONE    |
| Deborah Zysman   |         |            | 808-531-5502 |
| MAILING ADDRESS (Street)   |         |            | FAX          |
| 850 Richards St. #201  |         |            |              |
| (City)   | (State) | (Zip Code) | EMAIL        |
| Honolulu   | HI      | 96813      |              |

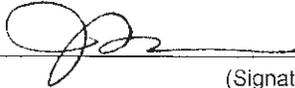
REC'D BY email

**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**

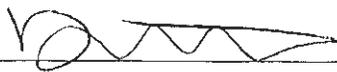
*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*


2/20/15  
 \_\_\_\_\_  
 (Signature of Lobbyist) (Date)

**PART V AUTHORIZATION TO LOBBY**

|                                      |         |  |  |
|--------------------------------------|---------|--|--|
| NAME                                 |         | TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED |  |
| Deborah Zysman                       |         |  |  |
| NAME OF ORGANIZATION (if applicable) |         | TELEPHONE  |  |
| Good Beginnings Alliance             |         | 808-531-5502                                       |  |
| MAILING ADDRESS (Street)             |         | FAX  |  |
| 850 Richards St. #201                |         | N/A  |  |
| (City)                               | (State) | EMAIL  |  |
|                                      |         | dzysman@goodbeginnings.org                         |  |
|                                      |         | (Zip Code)   |  |

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


2/20/15  
 \_\_\_\_\_  
 (Signature of Authorizing Officer or Person Represented) (Date)