



HAWAII STATE ETHICS COMMISSION
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 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
Kennedy	Elizabeth		(212) 419-8772
MAILING ADDRESS (Street)			FAX
220 5th Ave., 2nd Flr.			EMAIL
			lkennedy@demos.org
(City)	(State)	(Zip Code)	
New York	NY	10001	
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
Demos			(212) 633-1405
MAILING ADDRESS (Street)			FAX
220 5th Ave., 2nd Flr.			EMAIL
			comms@demos.org
(City)	(State)	(Zip Code)	
New York	NY	10001	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Damon Daniels			(212) 633-1405 ext. 403
MAILING ADDRESS (Street)			FAX
220 5th Ave., 2nd Flr.			EMAIL
			ddaniels@demos.org
(City)	(State)	(Zip Code)	
New York	NY	10001	

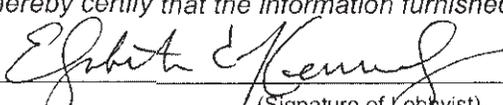
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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

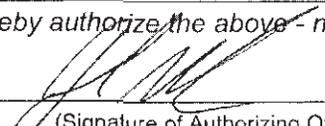
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operation & Finance	<input 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 type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input checked="" type="checkbox"/> Other: (indicate below) Voting Rights Elections
<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.

 3/3/2015
 (Signature of Lobbyist) (Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Joseph DiNorcio		VICE PRESIDENT, Finance & Administration	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Demos		(212) 485-6021	
MAILING ADDRESS (Street)		FAX	
220 5th Ave., 2nd flr.		EMAIL jdinorcio@demos.org	
(City)	(State)	(Zip Code)	
New York	NY	10001	
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.			
<u></u>		<u>3-4-2015</u>	
(Signature of Authorizing Officer or Person Represented)		(Date)	