



HAWAII STATE ETHICS COMMISSION
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 TEL: (808) 587-0460 FAX: (808) 587-0470
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STATE OF HAWAII
 STATE ETHICS COMMISSION

NOTE: This is a public document.

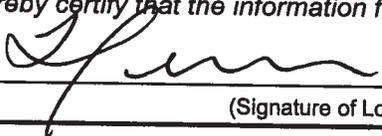
LOBBYIST REGISTRATION FORM

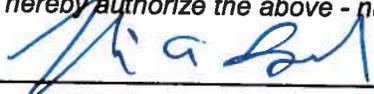
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) Baunach	(First) Leslie	(Middle) A	TELEPHONE 541-980-1159
MAILING ADDRESS (Street) 92-317 Palaulau plc			FAX
			EMAIL baunachl@yahoo.com
(City) Kapolei	(State) HI	(Zip Code) 96701	
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) Hawaii Association of School Psychologists			TELEPHONE
MAILING ADDRESS (Street) 99-370 Moanalua Rd			FAX
			EMAIL HASP808@gmail.com
(City) Aiea	(State) HI	(Zip Code) 96701	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Leslie Baunach			TELEPHONE 5419801159
MAILING ADDRESS (Street) 92-317 Palaulau Plc			FAX
			EMAIL baunachl@yahoo.com
(City) Kapolei	(State) HI	(Zip Code) 96707	

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>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
	2-3-16
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Leslie Baunach	President	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
Hawaii Association of School Psychologists		
MAILING ADDRESS (Street)	FAX	
99-370 Moanalua Rd		
(City)	(State)	EMAIL
Aiea	HI	HASP808@gmail.com
		(Zip Code)
		96701
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
	2/3/16	
(Signature of Authorizing Officer or Person Represented)	(Date)	