

**HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, HONOLULU, HAWAII 96813
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OF HAWAII
COMMISSION

NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
JABOLA-CAROLUS	KHARA	JANE	(808) 264 2096
MAILING ADDRESS (Street)			FAX
1088 Bishop St. #702			EMAIL
			jabola@facehawaii.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
n/a			
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Faith Action for Community Equity			(808) 429 8337
MAILING ADDRESS (Street)			FAX
1352 Liliha Street			EMAIL
			leotele@facehawaii.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96823	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Renee Leotele Togafau			(808) 429 8337
MAILING ADDRESS (Street)			FAX
P.O. Box 2359590			EMAIL
			leotele@facehawaii.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96823	

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) <u>Immigrant Rights</u>
<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.

Clay Jobela Cawkes (Signature of Lobbyist) Feb 6 2016 (Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
<u>Renee Leokele Togafau</u>		<u>Executive Director</u>	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
<u>Faith Action for Community Equity</u>		<u>808 429 8337</u>	
MAILING ADDRESS (Street)		FAX	
<u>PO Box 2359590</u>			
(City)	(State)	(Zip Code)	EMAIL
<u>Honolulu</u>	<u>HI</u>	<u>96823</u>	<u>leokele@facehawaii.org</u>

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

[Signature] (Signature of Authorizing Officer or Person Represented) 2/6/2016 (Date)