



**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](mailto:ethics@hawaiiethics.org)  
 Web site: [www.hawaii.gov/ethics](http://www.hawaii.gov/ethics)

THIS SPACE FOR OFFICE USE ONLY  
 '16 FEB 10 P 1 :48  
 STATE OF HAWAII  
 STATE ETHICS COMMISSION

NOTE: This is a public document.

**LOBBYIST REGISTRATION FORM**

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last) Perucci	(First) Taffy	(Middle) L	TELEPHONE 8082261155
MAILING ADDRESS (Street) 590- Farrington Hwy #524-416			FAX
(City) Kapolei			EMAIL taffyp@808ohanafirst.com
(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
(City)			EMAIL
(State)			(Zip Code)

<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Association of School Psychologists			TELEPHONE
MAILING ADDRESS (Street) 99-370 Moanalua Rd			FAX
(City) Aiea			EMAIL HASP808@gmail.com
(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
(City) Kapolei			EMAIL baunachl@yahoo.com
(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 hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

*Leslie A. Baunach*

*2/3/16*

(Signature of Lobbyist)

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME Leslie Baunach		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President	
NAME OF ORGANIZATION (if applicable) 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	

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

*Leslie A. Baunach*

*2/3/16*

(Signature of Authorizing Officer or Person Represented)

(Date)