

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
Web site: www.hawaii.gov/ethics

THIS SPACE FOR OFFICE USE ONLY

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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
Lukens	Ashley		808-681-7688
MAILING ADDRESS (Street)			FAX
1132 Bishop Street, Suite 2107			EMAIL
			alukens@centerforfoodsafety.org
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Hawaii Center for Food Safety			808-861-7688
MAILING ADDRESS (Street)			FAX
1132 Bishop Street, Suite 2107			EMAIL
			alukens@centerforfoodsafety.org
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	


PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Center for Food Safety			808-861-7688
MAILING ADDRESS (Street)			FAX
1132 Bishop Street, Suite 2107			EMAIL
			alukens@centerforfoodsafety.org
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Tonja Moore			202-547-9359
MAILING ADDRESS (Street)			FAX 202-547-9429
660 Pennsylvania Avenue, S.E. #203			EMAIL
			tmoore@centerforfoodsafety.org
(City)	(State)	(Zip Code)	
Washington	D.C.	20003	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input checked="" 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 checked="" 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 checked="" 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.

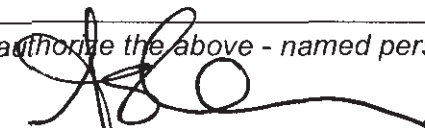


 (Signature of Lobbyist)

 1/13/15

 (Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Ashley Lukens		Hawaii Program Director	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Hawaii Center for Food Safety		808-861-7688	
MAILING ADDRESS (Street)		FAX	
1132 Bishop Street, Suite 2107		EMAIL	
		alukens@centerforfoodsafety.org	
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>			
 _____ (Signature of Authorizing Officer or Person Represented)		_____ 1/13/15 _____ (Date)	