

**HAWAII STATE ETHICS COMMISSION**

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STATE OF HAWAII
 STATE ETHICS COMMISSION

NOTE: This is a public document.

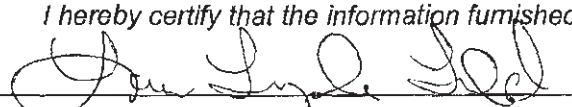
LOBBYIST REGISTRATION FORM

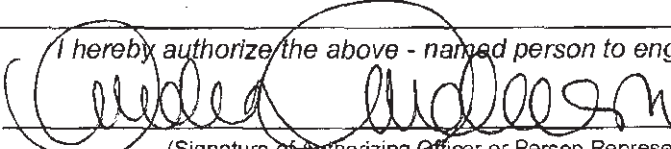
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Field	Laurie	Ann Temple	(808) 442-4226
MAILING ADDRESS (Street)			FAX (808) 589-1404
1350 S. King St., Ste. 309			EMAIL lfield@pphi.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96814	
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
Planned Parenthood of Hawaii			(808) 589-1156
MAILING ADDRESS (Street)			FAX (808) 589-1404
1350 S. King St., Ste. 309			EMAIL advocacy@pphi.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96814	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Laurie Field			(808) 442-4226
MAILING ADDRESS (Street)			FAX (808) 589-1156
1350 S. King St., Ste. 309			EMAIL lfield@pphi.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96814	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input checked="" 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 checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input checked="" type="checkbox"/> Other: (indicate below) <u>Civil 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>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
 (Signature of Lobbyist)	<u>1/28/15</u> (Date)

PART V AUTHORIZATION TO LOBBY		
NAME Andrea Anderson	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President & CEO	
NAME OF ORGANIZATION (if applicable) Planned Parenthood of Hawaii	TELEPHONE (808) 589-1156	
MAILING ADDRESS (Street) 1350 S. King St., Ste. 309	FAX (808) 589-1404	EMAIL aanderson@pphi.org
(City) Honolulu	(State) HI	(Zip Code) 96814
<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)		<u>1/29/15.</u> (Date)