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THIS SPACE FOR OFFICE USE ONLY

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
SPARKU	ROCHELLE	E	527 8006
MAILING ADDRESS (Street)			FAX
924 BETHEL ST.			527 8088
(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
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
LEGAL AID SOCIETY OF HAWAII			536.4302
MAILING ADDRESS (Street)			FAX
924 BETHEL ST.			527 8088
(City)	(State)	(Zip Code)	
HONOLULU	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
WAYNE KEAWE			527 8060
MAILING ADDRESS (Street)			FAX
LEGAL AID, 924 BETHEL ST			527 8088
(City)	(State)	(Zip Code)	
HONOLULU	HI	96813	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	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 Block

(Signature of Lobbyist)

1/2/07

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Wayne Keawe	Comptroller

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Legal Aid Society of Hawaii	(808) 536-4302
MAILING ADDRESS (Street)	**FAX**
924 Bethel Street	(808) 527-8088

(City)	(State)	(Zip Code)
Honolulu,	HI	96813

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

Signature Block

(Signature of Authorizing Officer or Person Represented)

1/23/07

(Date)