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OFFICE OF
COUNTY CLERK
COUNTY OF KAUAI

LOBBYIST REGISTRATION STATEMENT

You must file this statement with the Office of the County Clerk if you are an individual who for pay or other consideration engages in lobbying on behalf of another person, or organization, for more than five (5) hours in any month or spends more than \$750 lobbying during any reporting period (January 1st through December 31st of the previous year). NOTE THAT THIS IS A PUBLIC DOCUMENT.

(Type or Print Clearly)

NAME	Last Frederick	First Anne	Middle C		
BUSINESS MAILING ADDRESS	Street P.O. Box 1534	City Kapa'a	State HI	Zip Code 96746	
TELEPHONE NO. (808) 212-9616 x1	E-MAIL anne@hapahi.org				
NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (do not abbreviate) Hawai'i Alliance for Progressive Action (H.A.P.A.)					
BUSINESS MAILING ADDRESS	Street P.O. Box 1534	City Kapa'a	State HI	Zip Code 96746	
BUSINESS TELEPHONE NO. (808) 212-9616 x1					

SUBJECT AREAS OF LOBBYING

(Bill/Resolution Number(s), Agenda Item(s), and/or Topic(s))

General Plan, development, housing, agriculture, environment, water, governance, education, voting, criminal justice, tax policy, public health

CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Anne Frederick Digitally signed by Anne Frederick
Date: 2017.10.10 13:09:17 -10'00'

(Signature of Lobbyist)

10/10/17

(Date)

AUTHORIZATION TO LOBBY

NAME Anne Frederick	TITLE OF AUTHORIZING OFFICER OF PERSON REPRESENTED Executive Director				
NAME OF ORGANIZATION (if applicable) Hawaii Alliance for Progressive Action (HAPA)			TELEPHONE NO. (808) 212-9616x1		
ADDRESS OF ORGANIZATION OR PERSON P.O. Box 1534, Kapaa, HI 96746	Street	City	State	Zip Code	

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

Anne Frederick Digitally signed by Anne Frederick
Date: 2017.10.10 13:10:46 -10'00'

(Signature of Authorizing Officer)

10/10/17

(Date)