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OFFICE OF THE COUNTY CLERK  
COUNTY OF KAUI

**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 1<sup>st</sup> through December 31<sup>st</sup> of the previous year). NOTE THAT THIS IS A PUBLIC DOCUMENT.

*(Type or Print Clearly)*

NAME	Last HOLLAND	First FERN	Middle ANUENUE		
BUSINESS MAILING ADDRESS	Street	City	State	Zip Code	
	PO Box 1996	Kapaa	Hawaii	96746	
TELEPHONE NO. 808-634-6242	E-MAIL fern@hapahi.org				
NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (do not abbreviate) Hawaii Alliance for Progressive Action					
BUSINESS MAILING ADDRESS	Street	City	State	Zip Code	
	PO Box 1534	Kapaa	Hawaii	96746	
BUSINESS TELEPHONE NO.					

**SUBJECT AREAS OF LOBBYING**

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

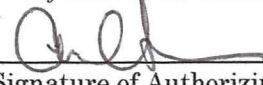
Education, Pesticide Regulation, Economic Justice, Public Trust, Water Rights, Environmental and Community Issues

**CERTIFICATION OF LOBBYIST**

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

	9-19-18
(Signature of Lobbyist)	(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. 1808)212-9616 x1				
ADDRESS OF ORGANIZATION OR PERSON	Street	City	State	Zip Code	
P.O. Box 1534	Kapaa		HI	96746	
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>					
	9/19/18				
(Signature of Authorizing Officer)	(Date)				