



HONOLULU ETHICS COMMISSION
 925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

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 Website: <http://www.honolulu.gov/ethics/>

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HONOLULU
 ETHICS COMMISSION
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2020 REGISTRATION

Lobbyist Registration
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Grant, Catherine "Kit"		
LOBBYIST FIRM/EMPLOYER (if applicable) American Civil Liberties Union of Hawaii Foundation		TELEPHONE 808-522-5900
MAILING ADDRESS (No. and Street or P.O. Box) PO Box 3410		FAX 808-522-5909
		EMAIL n/a
(City) Honolulu	(State) HI	(Zip Code) 96801

PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) American Civil Liberties Union of Hawaii Foundation		TELEPHONE 808-522-5900
MAILING ADDRESS (No. and Street or P.O. Box) PO Box 3410		FAX 808-522-5909
		EMAIL office@acluhawaii.org
(City) Honolulu	(State) HI	(Zip Code) 96801
ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)		<input checked="" type="checkbox"/> Not Applicable
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		<input checked="" type="checkbox"/> Not Applicable

PART II.B NO LONGER LOBBYING	
<input checked="" type="checkbox"/> I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE 10/11/2019

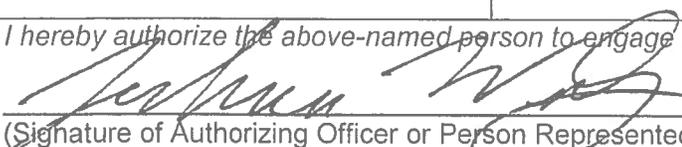
PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): Civil Rights and Civil Liberties		

PART IV LOBBYIST CERTIFICATION

<i>I hereby certify that the foregoing statements are true and correct.</i>	Subscribed and sworn to before me
_____	This ____ day of _____, _____.
LOBBYIST SIGNATURE	By: _____
_____	NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS
DATE	My commission expires: _____

PART V AUTHORIZATION TO LOBBY

NAME Joshua Wisch	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Executive Director	
NAME OF ORGANIZATION (if applicable) American Civil Liberties Union of Hawaii Foundation	TELEPHONE 808-522-5903	
MAILING ADDRESS (No. and Street or P.O Box) PO Box 3410	FAX 808-522-5909	
	EMAIL jwisch@acluhawaii.org	
(City) Honolulu	(State) HI	(Zip Code) 96801
<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)		1/22/2020 (Date)