



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

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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) Richter, Joanclair		
LOBBYIST FIRM/EMPLOYER (if applicable) The Alliance for Climate Protection d/b/a The Climate Reality Project	TELEPHONE 626-862-0759	
MAILING ADDRESS (No. and Street or P.O. Box) 555 11th Street NW, Suite 601	FAX	
	EMAIL joanclair.richter@climatereality.com	
(City) Washington D.C.	(State) D.C.	(Zip Code) 20004

PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) The Alliance for Climate Protection d/b/a The Climate Reality Project		TELEPHONE 202-567-6889
MAILING ADDRESS (No. and Street or P.O. Box) 555 11th Street NW, Suite 601		FAX
		EMAIL lea.migliazza@climatereality.com
(City) Washington D.C.	(State) D.C.	(Zip Code) 20004
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 type="checkbox"/> I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE

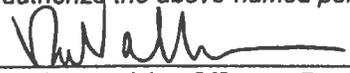
PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

<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): Enact solutions across all levels of government to address climate change		

PART IV LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p> _____ LOBBYIST SIGNATURE</p> <p>2/24/20 _____ DATE</p>	<p>Subscribed and sworn to before me</p> <p>This ____ day of _____, _____.</p> <p>By: SEE ATTACHED JURAT _____ NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: 06/08/2023 _____</p>
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PART V AUTHORIZATION TO LOBBY

NAME Vanessa LaVallee		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Senior Vice President of Operations	
NAME OF ORGANIZATION (if applicable) The Alliance for Climate Protection d/b/a The Climate Reality Project		TELEPHONE 202-567-6889	
MAILING ADDRESS (No. and Street or P.O Box) 555 11th Street NW, Suite 601		FAX	
		EMAIL lea.migliazza@climatereality.com	
(City) Washington D.C.	(State) D.C.	(Zip Code) 20004	
<p><i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i></p> <p> _____ (Signature of Authorizing Officer or Person Represented)</p> <p style="text-align: right;">2-25-20 _____ (Date)</p>			

