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 6268620759
MAILING ADDRESS (No. and Street or P.O Box) 555 11th Street NW, Suite 601		FAX EMAIL joanclair.richter@climatereality.com
(City) Washington	(State) DC	(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 2025676889
MAILING ADDRESS (No. and Street or P.O. Box) 555 11th Street NW, Suite 601		FAX EMAIL lea.migliazza@climatereality.com
(City) Washington	(State) DC	(Zip Code) 20004
ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)		☒ Not Applicable
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☒ Not Applicable

PART II.B NO LONGER LOBBYING

☒ I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE 09/21/2020

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☐Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☐Housing	☐Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☐Public Health, Safety & Welfare	☐Tourism
☐Transportation	☐Zoning & Planning	☐Specific Legislation: ☐Additional Sheet(s) Attached Bill No. _____(Year)_____ Reso No. _____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

LOBBYIST SIGNATURE

9/23/20
DATE

Subscribed and sworn to before me

This _____ day of _____, _____.

By:

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires:

_____

SEE ATTACHED JURAT

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
NAME OF ORGANIZATION (if applicable)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

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

(Signature of Authorizing Officer or Person Represented) (Date)

Rev. 12/2019

NOTE: This is a public document.

CALIFORNIA JURAT WITH AFFIANT STATEMENT **GOVERNMENT CODE § 8202**

☒ See Attached Document (Notary to cross out lines 1–6 below)
☐ See Statement Below (Lines 1–6 to be completed only by document signer[s], not Notary)

Signature of Document Signer No. 1 *Signature of Document Signer No. 2 (if any)*

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

M. WEBB
Notary Public - California
Los Angeles County
Commission # 2292097
My Comm. Expires Jun 8, 2023

Place Notary Seal and/or Stamp Above

Subscribed and sworn to (or affirmed) before me

on this 23rd day of September, 20 20.
by *Date* *Month* *Year*

(1) Joanclair Richter

(and ~~(2)~~ _____).
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature _____
Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: 2020 Registration

Document Date: 9/23/2020 Number of Pages 2

Signer(s) Other Than Named Above: _____

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