



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

TEL: (808) 768-9242 FAX: (808) 768-7768
 Email: ethics@honolulu.gov
 Website: <http://www.honolulu.gov/ethics/>

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HONOLULU
 ETHICS COMMISSION
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2019 REGISTRATION

Lobbyist Registration
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Thornton, Gavin Keith		
LOBBYIST FIRM/EMPLOYER (if applicable) Hawaii Appleseed Center for Law and Economic Justice 733 Bishop Street, Ste. 1180		TELEPHONE (808) 587-7605
MAILING ADDRESS (No. and Street or P.O. Box) Honolulu HI		FAX gavin@hiappleseed.org 96813
(City)	(State)	(Zip Code)

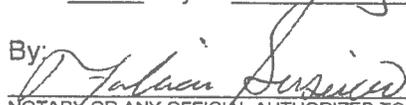
PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Appleseed Center for Law and Economic Justice		TELEPHONE (808) 587-7605
MAILING ADDRESS (No. and Street or P.O. Box) 733 Bishop Street, Suite 1180		FAX
		EMAIL info@hiappleseed.org
(City) Honolulu	(State) HI	(Zip Code) 96813
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

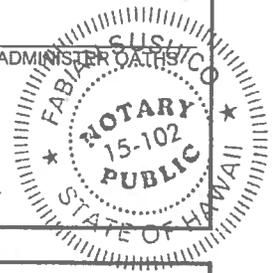
PART II.B NO LONGER LOBBYING	
<input type="checkbox"/> I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE

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 checked="" 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 checked="" 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 type="checkbox"/> Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p> _____ LOBBYIST SIGNATURE</p> <p><u>1/14/2019</u> _____ DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>14th</u> day of <u>January</u>, 20<u>19</u>.</p> <p>By:  _____ NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>03/15/2019</u></p>
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PART V AUTHORIZATION TO LOBBY

NAME Gavin Thornton		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Co-Executive Director	
NAME OF ORGANIZATION (if applicable) Hawaii Appleseed Center for Law and Economic Justice		TELEPHONE (808) 587-7605	
MAILING ADDRESS (No. and Street or P.O Box) 733 Bishop Street, Suite 1180		FAX	
		EMAIL gavin@hiappleseed.org	
(City) Honolulu	(State) HI	(Zip Code) 96813	
<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;"><u>1/16/2019</u> _____ (Date)</p>			