



**HAWAII STATE ETHICS COMMISSION**  
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or P.O. BOX 616, HONOLULU, HAWAII 96809  
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NOTE: This is a public document.

**LOBBYIST REGISTRATION FORM**  
(Type or Print Clearly) STATE OF HAWAII  
STATE ETHICS COMMISSION

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
Joseph,	Helena	Lin	(808) 973-2152
MAILING ADDRESS (Street)			FAX (808) 973-2160
1580 Makaloa St., Suite 1200			EMAIL <a href="mailto:hjoseph@marchofdimes.com">hjoseph@marchofdimes.com</a>
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96814	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
March of Dimes Hawaii Chapter			(808) 973-2155
MAILING ADDRESS (Street)			FAX (808) 973-2160
1580 Makaloa St., Suite 1200			EMAIL <a href="mailto:hi345@marchofdimes.com">hi345@marchofdimes.com</a>
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96814	

<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
March of Dimes Hawaii Chapter			(808) 973-2155
MAILING ADDRESS (Street)			FAX (808) 973-2160
1580 Makaloa St., Suite 1200			EMAIL <a href="mailto:hi345@marchofdimes.com">hi345@marchofdimes.com</a>
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96814	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Helena Lin Joseph			(808) 973-2152
MAILING ADDRESS (Street)			FAX (808) 973-2160
1580 Makaloa St., Suite 1200			EMAIL <a href="mailto:hjoseph@marchofdimes.com">hjoseph@marchofdimes.com</a>
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96814	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Agriculture                               | <input type="checkbox"/> Education                      | <input checked="" type="checkbox"/> Human Services                          | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities         | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs               | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation      | <input checked="" type="checkbox"/> Health              | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other: (indicate below)                    |
| <input type="checkbox"/> Ecology, Energy Environmental Protection  | <input type="checkbox"/> Housing                        | <input type="checkbox"/> Public Safety & Corrections                        | _____   |

**PART IV CERTIFICATION OF LOBBYIST**

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



(Signature of Lobbyist)

1/18/13

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME Carmella Hernandez		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Hawaii State Director	
NAME OF ORGANIZATION (if applicable) March of Dimes Hawaii Chapter		TELEPHONE (808) 973-2155	
MAILING ADDRESS (Street) 1580 Makaloa St., Suite 1200		FAX (808) 973-2160	
		EMAIL chernandez@marchofdimes.com	
(City) Honolulu	(State) Hawaii	(Zip Code) 96814	

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



(Signature of Authorizing Officer or Person Represented)

1-18-13

(Date)