



HAWAII STATE ETHICS COMMISSION
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 TEL: (808) 587-0460 FAX: (808) 587-0470
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NOTE: This is a public document.

STATE OF HAWAII
 STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Ito-Mizota	Kendra		833-2711
MAILING ADDRESS (Street)			FAX 839-7106
1200 Ala Kapuna Street			EMAIL
			kito-mizota@hsta.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96819	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Hawaii State Teachers Association (HSTA)			833-2711
MAILING ADDRESS (Street)			FAX 839-7106
1200 Ala Kapuna Street			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96819	

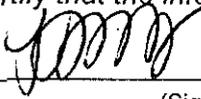
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Hawaii State Teachers Association (HSTA)		833-2711
MAILING ADDRESS (Street)		FAX 839-7106
1200 Ala Kapuna Street		EMAIL
(City)	(State)	(Zip Code)
Honolulu	HI	96819
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Kendra Ito-Mizota/Gordon Murakami/Tanya Abalos-Arceneaux		833-2711
MAILING ADDRESS (Street)		FAX 839-7106
1200 Ala Kapuna Street		EMAIL
(City)	(State)	(Zip Code)
Honolulu	HI	96819

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input checked="" type="checkbox"/> Education	<input 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 type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input 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.



1/24/13

(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Wil Okabe		President, Hawaii State Teachers Association	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Hawaii State Teachers Association (HSTA)		833-2711	
MAILING ADDRESS (Street)		FAX 839-7106	
1200 Ala Kapuna Street		EMAIL	
(City)	(State)	(Zip Code)	
Honolulu	HI	96819	

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



1/24/13

(Signature of Authorizing Officer or Person Represented)

(Date)