FAX

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, HONOLULU, HAWAII 96813
or P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: (808) 587-0460 FAX: (808) 587-0470
email: ethics@hawaiiethics.org
Web site: www.hawaii.gov/ethics

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII
STATE ETHICS COMMISSION

NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME (Last) YI	(First) MIRI	(Middle)
TELEPHONE 808 286-8876		
MAILING ADDRESS (Street) 3375 KOAPAKA ST. F245		
FAX 808 356-3136		
EMAIL MIRI@RXMINA.COM		
(City) HONOLULU	(State) HAWAII	(Zip Code) 96819
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) HAWAII COMMUNITY PHARMACISTS ASSOCIATION		
TELEPHONE 808 245-2471		
MAILING ADDRESS (Street) 4491 KOLOPA ST.		
FAX 808 356-3136		
EMAIL LWAYKAUAI@GMAIL.COM		
(City) LIHUE	(State) HAWAII	(Zip Code) 96766

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) HAWAII COMMUNITY PHARMACISTS ASSOCIATION		
TELEPHONE 808 245-2471		
MAILING ADDRESS (Street) 4491 KOLOPA ST.		
FAX 808 356-3136		
EMAIL LWAYKAUAI@GMAIL.COM		
(City) LIHUE	(State) HAWAII	(Zip Code) 96766
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT LIANNE MALAPIT		
TELEPHONE 808 245-2471		
MAILING ADDRESS (Street) 4491 KOLOPA ST.		
FAX 808 356-3136		
EMAIL LWAYKAUAI@GMAIL.COM		
(City) LIHUE	(State) HAWAII	(Zip Code) 96766

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- ☐ Agriculture
- ☐ Education
- ☐ Human Services
- ☐ Science, Technology & Economic Development
- ☐ Communications & Public Utilities
- ☐ Government Operation & Finance
- ☐ Intergovernmental Relations, International Affairs
- ☐ Tourism & Recreation
- ☑ Consumer Protection & Commerce
- ☐ Hawaiian Affairs
- ☐ Labor & Employment
- ☐ Transportation
- ☐ Culture, Arts, Historic Preservation
- ☑ Health
- ☐ Planning, Land & Water Use Management
- ☐ Other: (Indicate below)
- ☐ Ecology, Energy Environmental Protection
- ☐ Housing
- ☐ 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) 5/7/2013 (Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
KEVIN GLICK	PRESIDENT

NAME OF ORGANIZATION (if applicable)	TELEPHONE
HAWAII COMMUNITY PHARMACISTS ASSOCIATION	808 246-9100
MAILING ADDRESS (Street)	FAX 808 356-3136
4491 KOLOPA ST.	EMAIL kglick@wheelchair-kauai.com

(City)	(State)	(Zip Code)
LIHUE	HAWAII	96766

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

(Signature of Authorizing Officer or Person Represented) 5/7/2013 (Date)