

**HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, HONOLULU, HAWAII 96813

or P.O. BOX 616, HONOLULU, HAWAII 96809

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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)	(First)	(Middle)	TELEPHONE
Ito	Mihoko	E	539-0400
MAILING ADDRESS (Street)			FAX 533-4945
1099 Alakea Street, Suite 1400			EMAIL mito@awlaw.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Ashford & Wriston LLP			539-0400
MAILING ADDRESS (Street)			FAX 533-4945
1099 Alakea Street, Suite 1400			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Wine Institute			415-512-0151
MAILING ADDRESS (Street)			FAX
425 Market St., Suite 1000			EMAIL
(City)	(State)	(Zip Code)	
San Francisco	CA	94105	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Katie Jacoy			(360) 790-5729
MAILING ADDRESS (Street)			FAX 253-503-1095
31 West Road N			EMAIL kjacoy@wineinstitute.org
(City)	(State)	(Zip Code)	
Tacoma	WA	98406	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input checked="" type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input checked="" 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 checked="" 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.

Michelle D.

7/23/2013

(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Katie Jacoy		Western Counsel	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Wine Institute		(360) 790-5729	
MAILING ADDRESS (Street)		FAX	
31 West Road N		253-503-1095	
		EMAIL	
		kjacoy@wineinstitute.org	
(City)	(State)	(Zip Code)	
Tacoma	WA	98406	

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

Katie Jacoy

7/17/13

(Signature of Authorizing Officer or Person Represented)

(Date)