



**HAWAII STATE ETHICS COMMISSION**  
 1001 BISHOP STREET, HONOLULU, HAWAII 96813  
 or P.O. BOX 616, HONOLULU, HAWAII 96809  
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THIS SPACE FOR OFFICE USE ONLY

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NOTE: This is a public document.

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

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
Garcia	Lyndsey	Kanani	591-6508
MAILING ADDRESS (Street)			FAX
850 Richards Street, Suite 201			EMAIL
(City)	(State)	(Zip Code)	Lyndsey@tobaccofreehawaii.org
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Hawaii Public Health Institute			591-6508
MAILING ADDRESS (Street)			FAX
850 Richards Street, Suite 201			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Public Health Institute			591-6508
MAILING ADDRESS (Street)			FAX
850 Richards Street, Suite 201			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Jessica Yamauchi			same
MAILING ADDRESS (Street)			FAX
same			EMAIL
(City)	(State)	(Zip Code)	jessica@hipti.org

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

<input 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 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 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.

Judy Goni 1/20/2015  
 (Signature of Lobbyist) (Date)

**PART V AUTHORIZATION TO LOBBY**

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
<u>Jessica Yamauchi</u>		<u>Executive Director</u>	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
<u>Hawaii Public Health Institute</u>		<u>591-6508</u>	
MAILING ADDRESS (Street)		FAX	
<u>850 Richards Street Suite 201</u>			
(City)	(State)	EMAIL	
<u>Honolulu</u>	<u>HI</u>	<u>jessica@hiphi.org</u>	
		(Zip Code)	
		<u>96813</u>	

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

Jessica Yamauchi 1/20/15  
 (Signature of Authorizing Officer or Person Represented) (Date)