



**HAWAII STATE ETHICS COMMISSION**  
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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
Yamauchi	Jessica	PB	591-6508
MAILING ADDRESS (Street)			FAX
850 Richards street, suite 201			—
			EMAIL
			jessica@hiphi.org
(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
MAILING ADDRESS (Street)			FAX
			—
			EMAIL
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Public Health Institute dba Coalition for a Tobacco-Free Hawaii			591-6508
MAILING ADDRESS (Street)			FAX
850 Richards street, suite 201			—
			EMAIL
			jessica@hiphi.org
(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 as above			—
			EMAIL
(City)	(State)	(Zip Code)	

**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.

*Jumina Yamauchi* 1/15/16  
 (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 dba Coalition for a Tobacco Free Hawaii</u>		<u>same</u>	
MAILING ADDRESS (Street)		FAX	
<u>same</u>		<u>same</u>	
(City)	(State)	(Zip Code)	

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

*Jumina Yamauchi* 1/15/16  
 (Signature of Authorizing Officer or Person Represented) (Date)