



## 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](mailto:ethics@hawaiiethics.org)

Web site: [www.hawaii.gov/ethics](http://www.hawaii.gov/ethics)

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16 FEB -5 P12:40

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
Herr	Krystin	Mieko	916-340-0733
MAILING ADDRESS (Street)			FAX
1225 8th Street, Suite 395			EMAIL
			kherr@arthritis.org
(City)	(State)	(Zip Code)	
Sacramento	California	95814	
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
Arthritis Foundation			323-954-5760
MAILING ADDRESS (Street)			FAX
800 W. 6th Street, Suite 1250			EMAIL
			kherr@arthritis.org
(City)	(State)	(Zip Code)	
Los Angeles	California	90017	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Krystin Mieko Herr			916-340-0733
MAILING ADDRESS (Street)			FAX
1225 8th Street, Suite 395			EMAIL
			kherr@arthritis.org
(City)	(State)	(Zip Code)	
Sacramento	California	95814	

**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 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 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.



02/05/2016

(Signature of Lobbyist)

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Krystin Miekko Herr	VP, Government Affairs & Advocacy

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Arthritis Foundation, Pacific Region	916-340-0733

MAILING ADDRESS (Street)	FAX
800 W. 6th Street, Suite 1250	
	EMAIL
	kherr@arthritis.org

(City)	(State)	(Zip Code)
Los Angeles	California	90017

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



02/05/2016

(Signature of Authorizing Officer or Person Represented)

(Date)