



HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813

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

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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)	(First)	(Middle)	TELEPHONE
Kajimura	Trisha	M	808-521-1846
MAILING ADDRESS (Street)			FAX 808-533-6995
1124 Fort Street Mall Ste 205			EMAIL trisha@mentalhealth-hi.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)	

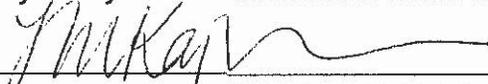
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Mental Health Association in Hawaii dba Mental Health America of Hawaii			808-521-1846
MAILING ADDRESS (Street)			FAX 808-533-6995
1124 Fort Street Mall, Suite 205			EMAIL trisha@mentalhealth-hi.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT (same as above)			TELEPHONE
MAILING ADDRESS (Street)			FAX
			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 checked="" 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 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 checked="" 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.



 (Signature of Lobbyist)

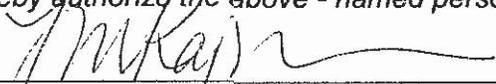
2/26/16

 (Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Trisha M Kajimura		Executive Director	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Mental Health Association in Hawaii dba Mental Health America of Hawaii		808-521-1876	
MAILING ADDRESS (Street)		FAX 808-533-6995	
1124 Fort Street Mall Suite 205		EMAIL	
		trisha@mentalhealth-hi.org	
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

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



 (Signature of Authorizing Officer or Person Represented)

2/26/16

 (Date)