



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
Nguyen	Kim-Anh	Thi	808-848-4705
MAILING ADDRESS (Street)			FAX 808-848-4737
2043 Dillingham Blvd			EMAIL knguyen@bbh.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96819	
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
Blood Bank of Hawaii			808-845-9966
MAILING ADDRESS (Street)			FAX 808-848-4737
2043 Dillingham Blvd			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96819	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Sara Yamamoto			808-848-4708
MAILING ADDRESS (Street)			FAX 808-848-4737
2043 Dillingham Blvd			EMAIL syamamoto@bbh.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96819	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Agriculture | <input checked="" type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input checked="" 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.



3/9/2016

(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME Kim-Anh Nguyen	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President & CEO
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NAME OF ORGANIZATION (if applicable) Blood Bank of Hawaii	TELEPHONE 808-848-4729
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MAILING ADDRESS (Street) 2043 Dillingham Blvd	FAX 808-848-4729
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	EMAIL knguyen@bbh.org
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(City) Honolulu	(State) HI	(Zip Code) 96819
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I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



3/9/2016

(Signature of Authorizing Officer or Person Represented)

(Date)