



**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)

THIS SPACE FOR OFFICE USE ONLY

16 APR -7 AIO:23

STATE OF HAWAII  
 STATE ETHICS COMMISSION

NOTE: This is a public document.

**LOBBYIST REGISTRATION FORM**

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
Kimura	Lisa		808-222-0165
MAILING ADDRESS (Street)			FAX
310 Paoakalani Ave., Suite 202A			EMAIL
			<a href="mailto:lisak@hmhb-hawaii.org">lisak@hmhb-hawaii.org</a>
(City)	(State)	(Zip Code)	
Honolulu	HI	96815	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Healthy Mothers Healthy Babies Coalition of Hawaii			808-737-5805
MAILING ADDRESS (Street)			FAX
310 Paoakalani Ave., Suite 202A			EMAIL
			<a href="mailto:info@hmhb-hawaii.org">info@hmhb-hawaii.org</a>
(City)	(State)	(Zip Code)	
Honolulu	HI	96815	

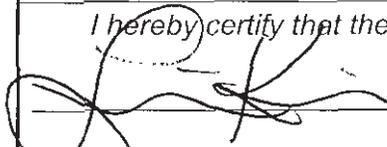
<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Healthy Mothers Health Babies Coalition of Hawaii			808-737-5805
MAILING ADDRESS (Street)			FAX
310 Paoakalani Ave., Suite 202A			EMAIL
			<a href="mailto:info@hmhb-hawaii.org">info@hmhb-hawaii.org</a>
(City)	(State)	(Zip Code)	
Honolulu	HI	96815	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Lisa Kimura			808-222-0165
MAILING ADDRESS (Street)			FAX
310 Paoakalani Ave., Suite 202A			EMAIL
			<a href="mailto:lisak@hmhb-hawaii.org">lisak@hmhb-hawaii.org</a>
(City)	(State)	(Zip Code)	
Honolulu	HI	96815	

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

<input type="checkbox"/> Agriculture	<input checked="" 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 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.

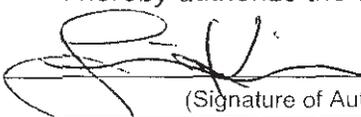


(Signature of Lobbyist)

3/1/16

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Lisa Kimura		Executive Director	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Healthy Mothers Healthy Babies Coalition of Hawaii		808-737-5805	
MAILING ADDRESS (Street)		FAX	
310 Paopala Ave., Suite 202A			
(City)	(State)	(Zip Code)	
Honolulu	HI	96815	
EMAIL			
info@HMHB-Hawaii.org			
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
		3/1/16	
(Signature of Authorizing Officer or Person Represented)		(Date)	