



**HAWAII STATE ETHICS COMMISSION**  
 1001 BISHOP STREET, HONOLULU, HAWAII 96813  
 or P.O. BOX 616, HONOLULU, HAWAII 96809  
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STATE OF HAWAII  
 STATE ETHICS COMMISSION

NOTE: This is a public document.

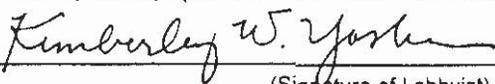
**LOBBYIST REGISTRATION FORM**

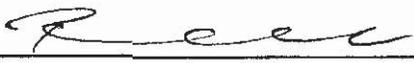
(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
Yoshimoto	Kimberley	W	541-8206
MAILING ADDRESS (Street)			FAX 541-9050
745 Fort Street, Suite 1700			EMAIL kyoshimoto@imanaka-asato.com
(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
Imanaka Asato LLLC			521-9500
MAILING ADDRESS (Street)			FAX 541-9050
745 Fort Street, Suite 1700			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Imanaka Asato LLLC			521-9500
MAILING ADDRESS (Street)			FAX 541-9050
745 Fort Street, Suite 1700			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Michael L. Iosua			541-8224
MAILING ADDRESS (Street)			FAX 541-9050
745 Fort Street, Suite 1700			EMAIL miosua@imanaka-asato.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

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 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 checked="" type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input checked="" type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input checked="" type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	_____

PART IV CERTIFICATION OF LOBBYIST	
<i>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
	<u>April 12, 2016</u>
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Richard T. Asato, Jr.	Member	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
Imanaka Asato LLLC	521-9500	
MAILING ADDRESS (Street)	FAX	
745 Fort Street, Suite 1700	541-9050	
	EMAIL	
	rasato@imanaka-asato.com	
(City)	(State)	(Zip Code)
Honolulu	HI	96813
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
	<u>4.12.16</u>	
(Signature of Authorizing Officer or Person Represented)	(Date)	