**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
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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 |
|---|---|---|---|
| Slovin | Gary | M | 539-0400 |
| MAILING ADDRESS (Street) | | | FAX 533-4945 |
| 999 Bishop Street, Suite 1400 | | | EMAIL gslovin@awlaw.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 |
| Slovin & Ito, LLP | | | 539-0400 |
| MAILING ADDRESS (Street) | | | FAX 533-4945 |
| 999 Bishop Street, Suite 1400 | | | EMAIL |
| (City) | (State) | | (Zip Code) |
| Honolulu | HI | | 96813 |

## PART II ORGANIZATION

| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) | | TELEPHONE |
|---|---|---|
| Wine Institute | | 415-356-7518 |
| MAILING ADDRESS (Street) | | FAX |
| 425 Market St., Suite 1000 | | EMAIL |
| (City) | (State) | (Zip Code) |
| San Francisco | CA | 94105 |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT | | TELEPHONE |
| Katie Jacoy | | (360) 790-5729 |
| MAILING ADDRESS (Street) | | FAX (253) 503-1095 |
| 31 West Road | | EMAIL kjacoy@wineinstitute.org |
| (City) | (State) | (Zip Code) |
| Tacoma | WA | 98406 |



REC'D BY HAND DELIVERY

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

| | | | |
|---|---|---|---|
| ☐ Agriculture | ☐ Education | ☐ Human Services | ☐ Science, Technology & Economic Development |
| ☐ Communications & Public Utilities | ☑ Government Operation & Finance | ☐ Intergovernmental Relations, International Affairs | ☐ Tourism & Recreation |
| ☑ Consumer Protection & Commerce | ☐ Hawaiian Affairs | ☐ Labor & Employment | ☐ Transportation |
| ☐ Culture, Arts, Historic Preservation | ☑ Health | ☐ Planning, Land & Water Use Management | ☑ Other: (indicate below) alcohol beverages |
| ☑ Ecology, Energy Environmental Protection | ☐ Housing | ☐ 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) (Date) 1/14/2015

## PART V AUTHORIZATION TO LOBBY

| NAME | TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED |
|---|---|
| Katie Jacoy | Western Counsel |

| NAME OF ORGANIZATION (if applicable) | TELEPHONE |
|---|---|
| Wine Institute | (360) 790-5729 |
| MAILING ADDRESS (Street) | FAX (253) 503-1095 |
| 31 West Road | EMAIL kjacoy@wineinstitute.org |

| (City) | (State) | (Zip Code) |
|---|---|---|
| Tacoma | WA | 98406 |

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

(Signature of Authorizing Officer or Person Represented) (Date) 1/13/15