HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, HONOLULU, HAWAII 96813
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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
Yajima	Tiffany	N	539-0400
MAILING ADDRESS (Street)			FAX 533-4945
999 Bishop Street, Suite 1400			EMAIL tyajima@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.

Jeffrey A. Yajima — (Signature of Lobbyist)

1/16/15 — (Date)

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.

Katie Jacoy — (Signature of Authorizing Officer or Person Represented)

1/13/15 — (Date)