

**HAWAII STATE ETHICS COMMISSION**

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 or P.O. BOX 616, HONOLULU, HAWAII 96809
 TEL: (808) 587-0460 FAX: (808) 587-0470
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NOTE: This is a public document.

LOBBYIST REGISTRATION FORM
 (Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Ito	Mihoko	E	539-0400
MAILING ADDRESS (Street)			FAX 533-4945
999 Bishop Street, Suite 1400			EMAIL mito@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	

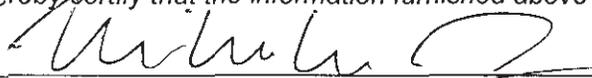
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Wine Institute			415-356-7518
MAILING ADDRESS (Street)			FAX
425 Market St., Suite 1000			EMAIL
(City)	(State)	(Zip Code)	
San Francisco	CA	94105	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES 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	

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 type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" 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 checked="" type="checkbox"/> Other: (indicate below) <u>alcohol beverages</u>
<input checked="" 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.



1-31-2015

(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME Katie Jacoy		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Western Counsel	
NAME OF ORGANIZATION (if applicable) Wine Institute		TELEPHONE (360) 790-5729	
MAILING ADDRESS (Street) 31 West Road		FAX (253) 503-1095	
(City) Tacoma		EMAIL kjacoy@wineinstitute.org	
(State) WA		(Zip Code) 98406	

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



1/13/15

(Signature of Authorizing Officer or Person Represented)

(Date)