



**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)  
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STATE OF HAWAII  
 STATE ETHICS COMMISSION

NOTE: This is a public document.

**LOBBYIST REGISTRATION FORM**

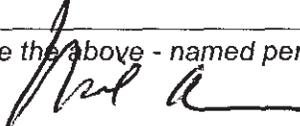
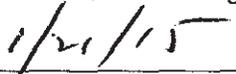
(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
Ito-Mizota	Kendra		808-840-2235
MAILING ADDRESS (Street)			FAX 808-839-7106
1200 Ala Kapuna St.			EMAIL kito-mizota@hsta.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96819	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Hawaii State Teachers Association			808-833-2711
MAILING ADDRESS (Street)			FAX 808-839-7106
1200 Ala Kapuna St.			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96819	

<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii State Teachers Association			808-833-2711
MAILING ADDRESS (Street)			FAX 808-839-7106
1200 Ala Kapuna St.			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96819	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Tanya Abalos			808-840-2253
MAILING ADDRESS (Street)			FAX 808-839-7106
1200 Ala Kapuna St.			EMAIL tabalos@hsta.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96819	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input checked="" type="checkbox"/> Education	<input 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 checked="" type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input 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)	(Date)

PART V AUTHORIZATION TO LOBBY			
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Wil Okabe		President, Hawaii State Teachers Association	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Hawaii State Teachers Association		808-833-2711	
MAILING ADDRESS (Street)		FAX 808-839-7106	
1200 Ala Kapuna St.		EMAIL	
(City)	(State)	(Zip Code)	
Honolulu	HI	96819	
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)	