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
Web site: www.hawaii.gov/ethics

NOTE: This is a public document.

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
Nguyen	Kim	Thi	808-687-5375
MAILING ADDRESS (Street)			FAX 808-537-5971
810 Richards St Suite 750			EMAIL knguyen@ala-hawaii.org
(City)	(State)		(Zip Code)
Honolulu	Hawaii		96813
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)		(Zip Code)

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
American Lung Association of the Mountain Pacific dba in Hawaii		808-537-5966
MAILING ADDRESS (Street)		FAX 808-537-5971
810 Richards St Suite 750		EMAIL knguyen@ala-hawaii.org
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Tony Peterson		206-512-3289
MAILING ADDRESS (Street)		FAX 206-441-3277
822 John St		EMAIL tpeterson@lungmtpacific.org
(City)	(State)	(Zip Code)
Seattle	WA	98109

REC'D BY email

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)
☑ 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) — Jan 27, 2015 (Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Renee Klein	President & CEO

NAME OF ORGANIZATION (if applicable)	TELEPHONE
American Lung Association of the Mountain Pacific	206-512-3287
MAILING ADDRESS (Street)	FAX 206-441-3277
822 John St.	EMAIL rklein@lungmtpacific.org

(City)	(State)	(Zip Code)
Seattle	WA	98109

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

(Signature of Authorizing Officer or Person Represented) — Jan 27, 2015 (Date)