



**HAWAII STATE ETHICS COMMISSION**

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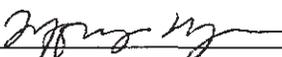
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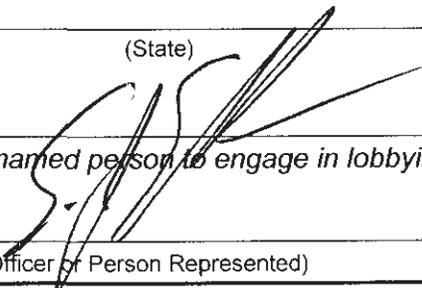
**LOBBYIST REGISTRATION FORM** STATE OF HAWAII  
(Type or Print Clearly) STATE ETHICS COMMISSION

<b>PART I LOBBYIST</b>			
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	

<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Consumer Data Industry Association		202-408-7407
MAILING ADDRESS (Street)		FAX 202-371-0134
1090 Vermont Ave, N.W., Suite 200		EMAIL
(City)	(State)	(Zip Code)
Washington DC		20005
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Eric Ellman		202-408-7407
MAILING ADDRESS (Street)		FAX 202-371-0134
1090 Vermont Ave, N.W., Suite 200		EMAIL eellman@cdaonline.org
(City)	(State)	(Zip Code)
Washington DC		20005

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 checked="" 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 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 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>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
 (Signature of Lobbyist)	<u>1/23/15</u> (Date)

PART V AUTHORIZATION TO LOBBY	
NAME Eric Ellman	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
NAME OF ORGANIZATION (if applicable) Consumer Data Industry Association	TELEPHONE 202-408-7407
MAILING ADDRESS (Street) 1090 Vermont Ave, N.W., Suite 200	FAX 202-371-0134
(City) Washington DC	EMAIL eellman@cdiaonline.org
(State) DC	(Zip Code) 20005
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>	
 (Signature of Authorizing Officer or Person Represented)	<u>1/15/2015</u> (Date)