

**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

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STATE OF HAWAII
STATE ETHICS COMMISSION

NOTE: This is a public document.

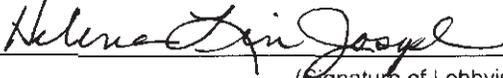
LOBBYIST REGISTRATION FORM

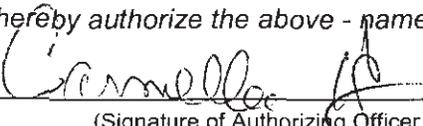
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Joseph	Helena	Lin	818-973-2152
MAILING ADDRESS (Street)			FAX 808-973-2160
1580 Makaloa St. Suite 1200			EMAIL hjoseph@marchofdimes.org
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96814	
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
March of Dimes Hawaii Chapter			808-973-2155
MAILING ADDRESS (Street)			FAX 973-2160
1580 Makaloa St. Suite 1200			EMAIL hi345@marchofdimes.org
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96814	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Helena Lin Joseph			808-973-2152
MAILING ADDRESS (Street)			FAX 808-973-2160
1580 Makaloa St. Suite 1200			EMAIL hi345@marchofdimes.org
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96814	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input checked="" 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 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 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>	
	2/5/15
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Carmella Hernandez	Hawaii State Director	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
March of Dimes Hawaii Chapter	808-973-2153	
MAILING ADDRESS (Street)	FAX	
1580 Makaloa St. Suite 1200	808-973-2160	
	EMAIL	
	chernandez@marchofdimes.org	
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96814
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
	2-6-15	
(Signature of Authorizing Officer or Person Represented)	(Date)	