



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) Yamauchi	(First) Jessica	(Middle) P.B.	TELEPHONE (808) 591-6508
MAILING ADDRESS (Street) 850 Richards Street Suite 201			FAX
			EMAIL jessica@hphi.org
(City) Honolulu	(State) HI	(Zip Code) 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) Hawaii Public Health Institute dba Coalition For a Tobacco-Free Hawaii			TELEPHONE (808) 591-6508
MAILING ADDRESS (Street) 850 Richards Street Suite 201			FAX
			EMAIL jessica@hphi.org
(City) Honolulu	(State) HI	(Zip Code) 96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Jessica Yamauchi			TELEPHONE (808) 591-6508
MAILING ADDRESS (Street) 850 Richards Street Suite 201			FAX
			EMAIL jessica@hphi.org
(City) Honolulu	(State) HI	(Zip Code) 96813	

REC'D BY email

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 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 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 hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Jessica Yamauchi

(Signature of Lobbyist)

1/21/15

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Jessica Yamauchi	Executive Director

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Hawaii Public Health Institute dba Coalition For a Tobacco-Free Hawaii	(808) 591-6508

MAILING ADDRESS (Street)	FAX
850 Richards Street Suite 201	
	EMAIL
	jessica@hphi.org

(City)	(State)	(Zip Code)
Honolulu	HI	96813

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

Jessica Yamauchi

(Signature of Authorizing Officer or Person Represented)

1/24/15

(Date)