



**HAWAII STATE ETHICS COMMISSION**  
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STATE OF HAWAII  
 STATE ETHICS COMMISSION

NOTE: This is a public document.

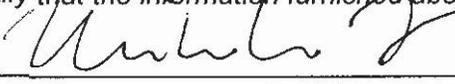
**LOBBYIST REGISTRATION FORM**

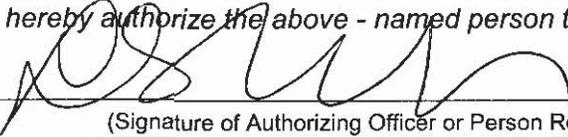
(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
Ito	Mihoko	E	539-0400
MAILING ADDRESS (Street)			FAX
999 Bishop Street., Suite 400			EMAIL
			mito@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
Autism Speaks		803-520-8080
MAILING ADDRESS (Street)		FAX
125 Ashworth Drive		EMAIL
		Lorri.Unumb@autismspeaks.org
(City)	(State)	(Zip Code)
Lexington,	South Carolina	29072
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Lorri Unumb		803-520-8080
MAILING ADDRESS (Street)		FAX
125 Ashworth Drive		EMAIL
		Lorri.Unumb@autismspeaks.org
(City)	(State)	(Zip Code)
Lexington	SC	29072

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 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 hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
	<u>3/17/15</u>
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY			
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Lorri Unumb			
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Autism Speaks		803-520-8080	
MAILING ADDRESS (Street)		FAX	
125 Ashworth Drive		EMAIL	
		Lorri.Unumb@autismspeaks.org	
(City)	(State)	(Zip Code)	
Lexington	SC	29072	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
		<u>3/12/2015</u>	
(Signature of Authorizing Officer or Person Represented)		(Date)	