



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)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Kido	C.	Mike	539-0400
MAILING ADDRESS (Street)			FAX 533-4945
999 Bishop Street, Suite 1400			EMAIL cmkido@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			539-4945
MAILING ADDRESS (Street)			FAX
999 Bishop Street, Suite 1400			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART II ORGANIZATION			
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.

C. Mike Kido

(Signature of Lobbyist)

3/17/15

(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.

[Signature]

(Signature of Authorizing Officer or Person Represented)

3/12/2015

(Date)