



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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NOTE: This is a public document.

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

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Goldsworthy	Mary	Reba	591-6508 ext. 3
MAILING ADDRESS (Street)			FAX
850 Richards Street, Suite 201			EMAIL
(City)	(State)	(Zip Code)	mary@tobaccofreehawaii.org
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Hawaii Public Health Institute dba Coalition for Tobacco Free Hawaii			591-6508
MAILING ADDRESS (Street)			FAX
850 Richards Street, Suite 201			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE		
Hawaii Public Health Institute dba Coalition for a Tobacco-Free Hawaii	591-6508 ext 3		
MAILING ADDRESS (Street)	FAX		
<same as above>	EMAIL		
(City)	(State)	(Zip Code)	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE		
Jessica Yamauchi	591-6508 ext. 1		
MAILING ADDRESS (Street)	FAX		
<same as above>	EMAIL		
(City)	(State)	(Zip Code)	
		jessica@tobaccofreehawaii.org	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input checked="" 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 checked="" type="checkbox"/> Other: (Indicate below) <u>Tobacco Prevention</u>
<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.

[Signature] (Signature of Lobbyist) 3/13/15 (Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
<u>Coalition for a Tobacco-Free Hawaii</u>			
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
<u>850 Richards St. Ste 701</u>		<u>891-6508 x 7</u>	
MAILING ADDRESS (Street)		FAX	
<u>Honolulu</u>			
(City)	<u>HI</u>	EMAIL	
	(State)	<u>Jessie@tobaccofreehawaii.org</u>	
		(Zip Code)	
		<u>96813</u>	

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) 3/13/15 (Date)