LOBBYIST REGISTRATION STATEMENT

You must file this statement with the Office of the County Clerk if you are an individual who for pay or other consideration engages in lobbying on behalf of another person, or organization, for more than five (5) hours in any month or spends more than $750 lobbying during any reporting period (January 1st through December 31st of the previous year). NOTE THAT THIS IS A PUBLIC DOCUMENT.

(Type or Print Clearly)

NAME
Last
Saiki
First
Valerie
Middle
Kei

BUSINESS MAILING ADDRESS
850 Richards St., Suite 201
Honolulu HI 96813

TELEPHONE NO
(808) 591-6508 ext. 9, then 8

E-MAIL
valerie@hiphi.org

NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (do not abbreviate)
Hawaii Public Health Institute

BUSINESS MAILING ADDRESS
850 Richards St., Suite 201
Honolulu HI 96813

SUBJECT AREAS OF LOBBYING
(Bill/Resolution Number(s), Agenda Item(s), and/or Topic(s))
Tobacco and/or electronic smoking device (vape products) policy.

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

(Signature of Lobbyist)
July 16, 2018
(Date)

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

(Signature of Authorizing Officer)
July 16, 2018
(Date)