



OFFICE OF
THE COUNTY CLERK
COUNTY OF KAUAI

17 JAN 20 AM 3:38

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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 Moir	First Stephanie	Middle Makananani Tami	
BUSINESS MAILING ADDRESS	Street	City	State	Zip Code
P.O. Box 392		Lawai	HI	96765
TELEPHONE NO.	E-MAIL			
808-591-6508 / 808.386.9623	stephanie@hiphi.org			
NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (do not abbreviate)				
Hawaii Public Health Institute/Coalition for a Tobacco Free Hawaii				
BUSINESS MAILING ADDRESS	Street	City	State	Zip Code
850 Richards St. Suite 201		Honolulu	HI	96813
BUSINESS TELEPHONE NO.				
808-591-6508				

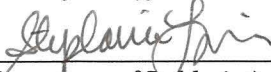
SUBJECT AREAS OF LOBBYING

(Bill/Resolution Number(s), Agenda Item(s), and/or Topic(s))

Public Health

CERTIFICATION OF LOBBYIST

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

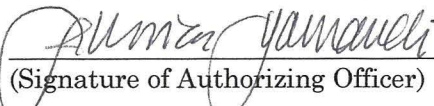


(Signature of Lobbyist)

10/7/16

(Date)

AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OF PERSON REPRESENTED			
Jessica Yamauchi	Executive Director			
NAME OF ORGANIZATION (if applicable)			TELEPHONE NO.	
Hawaii Public Health Institute			808-591-6508	
ADDRESS OF ORGANIZATION OR PERSON	Street	City	State	Zip Code
850 Richards St., Suite 201		Honolulu	HI	96813
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.				
 _____ (Signature of Authorizing Officer)			11/7/16 _____ (Date)	