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	Street 850 Richards St.,Suite 201	City Honolulu	State HI	Zip Code 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	Street 850 Richards St.,Suite 201	City Honolulu	State HI	Zip Code 96813

BUSINESS TELEPHONE NO.
(808) 591-6508

SUBJECT AREAS OF LOBBYING
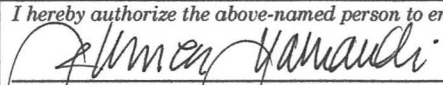*(Bill/Resolution Number(s), Agenda Item(s), and/or Topic(s))*

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.

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

AUTHORIZATION TO LOBBY

NAME Jessica Yamauchi	TITLE OF AUTHORIZING OFFICER OF PERSON REPRESENTED Executive Director
NAME OF ORGANIZATION (if applicable) Hawai'i Public Health Institute	TELEPHONE NO. (808) 591-6508
ADDRESS OF ORGANIZATION OR PERSON	Street 850 Richards St.,Suite 201 City Honolulu State HI Zip Code 96813

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

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

06/24/16