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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	First	Middle	
Yamaki, Tina				
BUSINESS MAILING ADDRESS	Street	City	State	Zip Code
3610 Waiālae Ave, Honolulu, HI 96816				
TELEPHONE NO.	E-MAIL			
808-592-4200	tyamaki@rmhawaii.org			
NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (do not abbreviate)				
Retail Merchants of Hawaii				
BUSINESS MAILING ADDRESS	Street	City	State	Zip Code
3610 Waiālae Ave, Honolulu, HI 96816				
BUSINESS TELEPHONE NO.				
(808) 592-4200				

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

None in 2024

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

(Signature of Lobbyist)

(Date)

AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OF PERSON REPRESENTED			
Darcy Lindamood	Chairperson of the Retail Merchants of Hawaii Board of Directors			
NAME OF ORGANIZATION (if applicable)	TELEPHONE NO.			
Retail Merchants of Hawaii	(808) 275-4213			
ADDRESS OF ORGANIZATION OR PERSON	Street	City	State	Zip Code
500 Alakawa St, Honolulu, HI 96817				
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>				
(Signature of Authorizing Officer)				
(Date)				