



RECEIVED

**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 1<sup>st</sup> through December 31<sup>st</sup> of the previous year). NOTE THAT THIS IS A PUBLIC DOCUMENT.

(Type or Print Clearly)

NAME	Last	First	Middle		
Yoshimoto, Kim W.					
BUSINESS MAILING ADDRESS	Street	City	State	Zip Code	
745 Fort Street Mall, 17th Floor, Honolulu, Hawaii 96813					
TELEPHONE NO.	E-MAIL				
808-521-9500	kyoshimoto@imanaka-asato.com				
NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (do not abbreviate)					
Tobacco Free Kids Action Fund					
BUSINESS MAILING ADDRESS	Street	City	State	Zip Code	
1400 I Street NW Suite 1200, Washington, District of Columbia 20005					
BUSINESS TELEPHONE NO.					
202-296-5469					

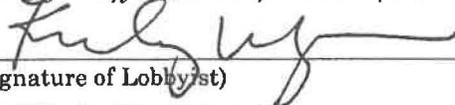
**SUBJECT AREAS OF LOBBYING**

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

Consumer Protection and Commerce; Government Operation and Finance; Health; Human Services

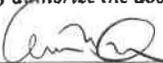
**CERTIFICATION OF LOBBYIST**

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

  
(Signature of Lobbyist)

1/17/2025  
(Date)

**AUTHORIZATION TO LOBBY**

NAME	TITLE OF AUTHORIZING OFFICER OF PERSON REPRESENTED				
Alexandria Felton	Regional Advocacy Director, Southwest				
NAME OF ORGANIZATION (if applicable)	TELEPHONE NO.				
Tobacco Free Kids Action Fund	202-296-5469				
ADDRESS OF ORGANIZATION OR PERSON	Street	City	State	Zip Code	
1400 I Street NW Suite 1200, Washington, District of Columbia 20005					
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.					
					01/17/2025
(Signature of Authorizing Officer)					(Date)