



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 1st through December 31st 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			

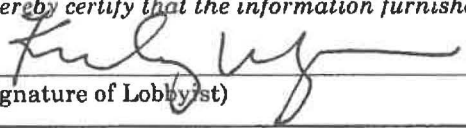
SUBJECT AREAS OF LOBBYING

(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)	