



HONOLULU ETHICS COMMISSION
 925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768
 Email: ethics@honolulu.gov
 Website: <http://www.honolulu.gov/ethics/>

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HONOLULU
 ETHICS COMMISSION
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9/2-12-18

'18 DEC -7 A11 :17

2019 REGISTRATION

Lobbyist Registration
 (Type or Print Clearly)

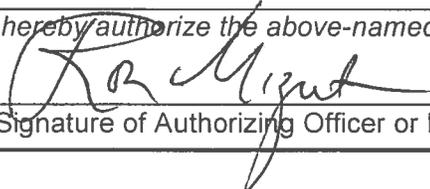
PART I LOBBYIST		
NAME (Last) (First) (Middle) Terbio, Marielle		
LOBBYIST FIRM/EMPLOYER (if applicable)		TELEPHONE 808-954-7869
MAILING ADDRESS (No. and Street or P.O. Box) 2611 Kilihau Street		FAX 808-836-2272
		EMAIL marielle@hawaiiifoodbank.org
(City) Honolulu	(State) HI	(Zip Code) 96819

PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Foodbank, Inc.		TELEPHONE 808-836-3600
MAILING ADDRESS (No. and Street or P.O. Box) 2611 Kilihau Street		FAX 808-836-2272
		EMAIL marielle@hawaiiifoodbank.org
(City) Honolulu	(State) HI	(Zip Code) 96819
ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members) 1 ^{JP} 12/12/18		<input type="checkbox"/> Not Applicable
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		<input checked="" type="checkbox"/> Not Applicable ^{JP} 12/12/18

PART II.B NO LONGER LOBBYING	
<input type="checkbox"/> I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY		
<input type="checkbox"/> Business & Economic Development	<input checked="" type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input checked="" type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART IV LOBBYIST CERTIFICATION	
<p>I hereby certify that the foregoing statements are true and correct.</p> <p></p> <p>_____ LOBBYIST SIGNATURE</p> <p>12/5/2018</p> <p>_____ DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>5th</u> day of <u>December</u>, 2018.</p> <p>By: <u>SEE ATTACHED CERTIFICATE</u></p> <p>_____ NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: _____</p>

PART V AUTHORIZATION TO LOBBY		
NAME Ron Mizutani	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President & CEO	
NAME OF ORGANIZATION (if applicable) Hawaii Foodbank, Inc.	TELEPHONE 808-836-3600	
MAILING ADDRESS (No. and Street or P.O. Box) 2611 Kilihau Street	FAX 808-836-2272	
	EMAIL ron@hawaiifoodbank.org	
(City) Honolulu	(State) HI	(Zip Code) 96819
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.		
 _____ (Signature of Authorizing Officer or Person Represented)		12/5/18 _____ (Date)

HAWAII JURAT WITH AFFIANT STATEMENT

State of Hawaii }
City: Honolulu } ss.
County of Honolulu

- See attached document (Notary to cross out lines 1-7 below.)
- See statement below (Lines 1-7 to be completed only by document signer[s].)

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 Marielle Tebano _____
Signature of Signer No. 1 Signature of Signer No. 2 (if any)

This 3 page 2019 REGISTRATION LOBBYIST REGISTRATION
No. of Pages Description of Document
dated 12/5/18 was subscribed and sworn
Document Date

to before me this 5th day of DECEMBER, 2018, in the
Day Month Year

1st Circuit Court of the State of Hawaii, by
Name of Circuit

MARIELLE TEBANO (.) (.)
Name of Signer No. 1

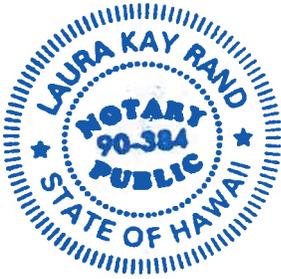
(and
_____) (.)

_____) Name of Signer No. 2, if any

[Signature] 12/5/18
Signature of Notary Date

Laura Kay Rand
Printed Name of Notary

My commission expires: 9/18/20



Place Notary Seal or Stamp Above