



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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01-27-20

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2020 REGISTRATION

Lobbyist Registration
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Manuel, Naomi		
LOBBYIST FIRM/EMPLOYER (if applicable) Epilepsy Foundation of Hawaii		TELEPHONE 8083846626
MAILING ADDRESS (No. and Street or P.O. Box) 200 N. Vineyard Blvd. Suite B259		FAX
		EMAIL naomi@epilepsyhawaii.org
(City) Honolulu	(State) HI	(Zip Code) 96817

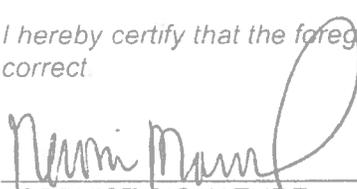
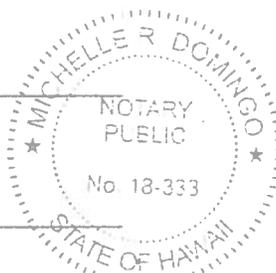
PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Epilepsy Foundation of Hawaii		TELEPHONE 8085283058
MAILING ADDRESS (No. and Street or P.O. Box) 200 N. Vineyard Blvd. Suite B259		FAX
		EMAIL naomi@epilepsyhawaii.org
(City) Honolulu	(State) HI	(Zip Code) 96817
ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members) 12 Member Board of Directors		<input type="checkbox"/> Not Applicable
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS Decisions determined by vote		<input type="checkbox"/> Not Applicable

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 checked="" type="checkbox"/> Business & Economic Development	<input checked="" type="checkbox"/> Community Services	<input checked="" type="checkbox"/> Customer Services
<input checked="" type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input checked="" type="checkbox"/> Parks & Recreation	<input checked="" type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" 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

I hereby certify that the foregoing statements are true and correct  LOBBYIST SIGNATURE 1/7/20 DATE		Subscribed and sworn to before me This <u>7</u> day of <u>JANUARY</u> , 2020 By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: MY COMMISSION EXPIRES 06/24/2022
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PART V AUTHORIZATION TO LOBBY

NAME <u>Ron Shimabuku</u>	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED <u>Board President</u>
NAME OF ORGANIZATION (if applicable) <u>Epilepsy Foundation of Hawaii</u>	TELEPHONE <u>808-528-3058</u>
MAILING ADDRESS (No. and Street or P.O. Box) <u>200 N Vineyard Blvd #B259</u> <u>Honolulu, HI 96817</u>	FAX _____
(City) <u>Honolulu</u>	(State) <u>HI</u>
	EMAIL <u>ronkshimabuku@gmail.com</u>
	(Zip Code) <u>96817</u>
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.	
 (Signature of Authorizing Officer or Person Represented)	<u>1/2/20</u> (Date)

Doc. Date: 01/07/2020 # Pages 2

Notary Name: Michelle R. Domingo First Circuit

Doc. Description 2020 Registration

Michelle R. Domingo
Notary Signature

01/07/2020
Date

