



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/>

THIS SPACE FOR OFFICE USE ONLY ✓

HONOLULU
 ETHICS COMMISSION
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9-2-10-20

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2020 REGISTRATION

Lobbyist Registration
 (Type or Print Clearly)

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

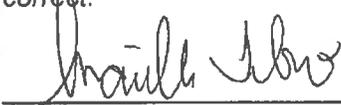
PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Foodbank, Inc.		TELEPHONE 808-836-3600
MAILING ADDRESS (No. and Street or P.O. Box) 2611 Kilihau Street		FAX 808-836-2272
		EMAIL marielle@hawaiifoodbank.org
(City) Honolulu	(State) HI	(Zip Code) 96819
ESTIMATED NUMBER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

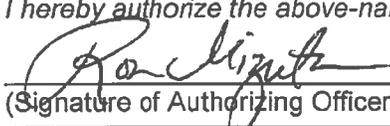
PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

<input 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>I hereby certify that the foregoing statements are true and correct.</i></p> <p></p> <p>_____ LOBBYIST SIGNATURE</p> <p>1/31/2020 _____ DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>31</u> day of <u>JANUARY</u>, 2020.</p> <p>By: </p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>12/9/2021</u></p> <p><i>SEE ATTACHED CERTIFICATION</i></p> 
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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 Killihau Street		FAX 808-836-2272	
		EMAIL ron@hawaiifoodbank.org	
(City) Honolulu	(State) HI	(Zip Code) 96819	
<p><i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i></p> <p> _____</p> <p>(Signature of Authorizing Officer or Person Represented) 1/31/2020 _____</p> <p style="text-align: right;">(Date)</p>			

