



HAWAII STATE ETHICS COMMISSION
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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

STATE OF HAWAII
 STATE ETHICS COMMISSION

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Karamatsu	Christine	R.O.	539-0841
MAILING ADDRESS (Street)			FAX 533-4945
1099 Alakea Street, Suite 1400			EMAIL
			ckaramatsu@awlaw.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Slovin & Ito, LLP			539-0400
MAILING ADDRESS (Street)			FAX 533-4945
1099 Alakea Street, Suite 1400			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
American Insurance Association			
MAILING ADDRESS (Street)			FAX
1015 K Street, Suite 200			EMAIL
(City)	(State)	(Zip Code)	
Sacramento	CA	95814	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Marjorie Berte			(916) 442-7617
MAILING ADDRESS (Street)			FAX
1015 K Street, Suite 200			EMAIL
			mberte@aiadc.org
(City)	(State)	(Zip Code)	
Sacramento	CA	95814	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

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

Christi K+

(Signature of Lobbyist)

1/25/13

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
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Marjorie Berte

NAME OF ORGANIZATION (if applicable)	TELEPHONE
American Insurance Association	(916) 442-7617

MAILING ADDRESS (Street)	FAX
1015 K Street, Suite 200	

EMAIL
mberte@aiadc.org

(City)	(State)	(Zip Code)
Sacramento	CA	95814

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

Marjorie M. Berte

(Signature of Authorizing Officer or Person Represented)

1/24/2013

(Date)