



## HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813  
or P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: (808) 587-0460 FAX: (808) 587-0470  
email: [ethics@hawaiiethics.org](mailto:ethics@hawaiiethics.org)  
Web site: [www.hawaii.gov/ethics](http://www.hawaii.gov/ethics)

THIS SPACE FOR OFFICE USE ONLY

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NOTE: This is a public document.

## LOBBYIST REGISTRATION FORM

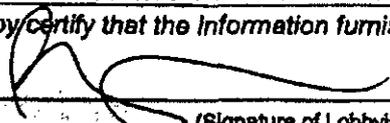
(Type or Print Clearly)

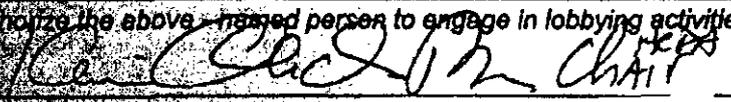
STATE OF HAWAII  
STATE ETHICS COMMISSION

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
del Castillo	Rafael	Goodwin	808-782-1262
MAILING ADDRESS (Street)			FAX 866-528-8371
289 Kawaihae Street, No. 222			EMAIL rafa@hawaii.rr.com
(City)	(State)	(Zip Code)	
Honolulu	Hawai'i	96825	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Community Pharmacists Assn			808-246-9100
MAILING ADDRESS (Street)			FAX 808-246-9199
4491A Kolopa Street			EMAIL
(City)	(State)	(Zip Code)	
Lihue	Hawai'i	96766	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Kevin Glick			808-246-9100
MAILING ADDRESS (Street)			FAX 808-246-9199
4491A Kolopa Street			EMAIL
(City)	(State)	(Zip Code)	
Lihue	Hawai'i	96766	

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 type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" 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.	
	2/12/2013
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY	
NAME Kevin Glick, RPh	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Chair
NAME OF ORGANIZATION (if applicable) Hawaii Community Pharmacists Assn	TELEPHONE 808-246-9100
MAILING ADDRESS (Street) 4491A Kolopa Street	FAX 808-246-9199
(City) Lihue	(State) Hawaii
	(Zip Code)
I hereby authorize the above named person to engage in lobbying activities on behalf of the undersigned.	
 CHAIR	2/12/2013
(Signature of Authorizing Officer or Person Represented)	(Date)