FAX

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
Web site: www.hawaii.gov/ethics

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STATE OF HAWAII
STATE ETHICS COMMISSION

NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
Balto	David	A	202-789-5424
MAILING ADDRESS (Street)			FAX 202-589-1819
1350 I Street NW Suite 850			EMAIL david.balto@yahoo.com
(City)	(State)		(Zip Code)
Washington	DC		20005
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
The Law offices of David A. Balto			202-789-5424
MAILING ADDRESS (Street)			FAX 202-589-1819
1350 I street, NW Suite 850			EMAIL
(City)	(State)		(Zip Code)
Washington	DC		20005

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Community Pharmacists Association			808-246-9100
MAILING ADDRESS (Street)			FAX 808-246-9199
% 3-3295 Kuhio Hwy			EMAIL kglick@wheelchair-kauai.com
(City)	(State)		(Zip Code)
Lihue	Hi	96766	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATIONS EXPENDITURES STATEMENT			TELEPHONE
Kevin Glick			808-246-9100
MAILING ADDRESS (Street)			FAX 808-246-9199
Lihue	Hawaii	96766	EMAIL kglick@wheelchair-kauai.com
(City)	(State)		(Zip Code)
3-3295 Kuhio Hwy, Lihue, H 96766			

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

☐ Agriculture	☐ Education	☐ Human Services	☐ Science, Technology & Economic Development
☐ Communications & Public Utilities	☐ Government Operation & Finance	☐ Intergovernmental Relations, International Affairs	☐ Tourism & Recreation
☐ Consumer Protection & Commerce	☐ Hawaiian Affairs	☐ Labor & Employment	☐ Transportation
☐ Culture, Arts, Historic Preservation	☒ Health	☐ Planning, Land & Water Use Management	☐ Other: (indicate below)
☐ Ecology, Energy Environmental Protection	☐ Housing	☐ 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.

David A Batts — 4/11/2013

(Signature of Lobbyist) (Date)

PART V AUTHORIZATION TO LOBBY

NAME: Hawaii Community Pharmacy Assoc

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED: Kevin Glick, Board Chair

NAME OF ORGANIZATION (If applicable)

TELEPHONE: 808-246-9100

3-3295 Kuhio Hwy

MAILING ADDRESS (Street)

FAX: 808-246-9199

EMAIL: kglick@wheelchairkauai.com

Lihue (City) Hi (State) 96766 (Zip Code)

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

Kevin Glick — 4/12/2013

(Signature of Authorizing Officer or Person Represented) (Date)