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
ETHICS COMMISSION

NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I. LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
Glick	Kevin	Craig	808-246-9100
MAILING ADDRESS (Street)			FAX 808-246-9199
4491-A Kolopa Street			EMAIL Kglick@Wheelchair-Kauai.com
(City)	(State)		(Zip Code)
Lihue	Hi		96766
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 Association		808-245-2471
MAILING ADDRESS (Street)		FAX 245-7256
3-3295 Kuhio Hwy		EMAIL Ø
(City)	(State)	(Zip Code)
Lihue	Hi	96766
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Kevin Glick		808-246-9100
MAILING ADDRESS (Street)		FAX 808-246-9199
4491-A Kolopa Street		EMAIL Kglick@Wheelchair-Kauai.com
(City)	(State)	(Zip Code)
Lihue	Hi	96766

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

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

PART IV CERTIFICATION OF LOBBYIST

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

Kevin Glick — 5/1/2013

(Signature of Lobbyist) (Date)

PART V AUTHORIZATION TO LOBBY

NAME: Kevin Glick

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED:

NAME OF ORGANIZATION (if applicable): Hawaii Community Pharmacists Assoc.

TELEPHONE: 808-245-2411

FAX: 245-7256

EMAIL:

MAILING ADDRESS (Street): 3-3295 Kuhio Hwy

(City): Lihue (State): HI (Zip Code): 96766

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

Kevin Glick — 5/1/2013

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