



**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, HONOLULU, HAWAII 96813  
or P.O. BOX 616, HONOLULU, HAWAII 96809  
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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
MALAPIT	LIANNE	HIROKO	(808) 639-1891
MAILING ADDRESS (Street)			FAX
PO Box 3855			EMAIL
			<a href="mailto:lwaykauai@gmail.com">lwaykauai@gmail.com</a>
(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)	
			*

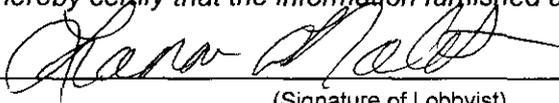
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
HAWAII COMMUNITY PHARMACIST ASSOCIATION			(808)635-4412
MAILING ADDRESS (Street)			FAX
4491-A Kolopa St			EMAIL
			<a href="mailto:kevin@wheelchair-kauai.com">kevin@wheelchair-kauai.com</a>
(City)	(State)	(Zip Code)	
Lihue	HI	96766	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Lianne Malapit			(808) 639-1891
MAILING ADDRESS (Street)			FAX
4491-A Kolopa St			EMAIL
			<a href="mailto:lwaykauai@gmail.com">lwaykauai@gmail.com</a>
(City)	(State)	(Zip Code) *	
Lihue	HI	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 checked="" 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.*

X  X 4/30/13  
 (Signature of Lobbyist) (Date)

**PART V AUTHORIZATION TO LOBBY**

NAME Kevin Glick		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President	
NAME OF ORGANIZATION (if applicable) HAWAII COMMUNITY PHARMACIST ASSOCIATION		TELEPHONE (808)635-4412	
MAILING ADDRESS (Street) 4491 - A Kolopa St		FAX	EMAIL kevin@wheelchair-kauai.com
(City) Lihue	(State) HI	(Zip Code) 96766	

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

 4/30/13  
 (Signature of Authorizing Officer or Person Represented) (Date)