**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
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Web site: www.hawaii.gov/ethics

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STATE OF HAWAII
STATE ETHICS COMMISSION

# LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

## PART I LOBBYIST

| NAME (Last) | (First) | (Middle) | TELEPHONE |
|---|---|---|---|
| Maluafiti | Alicia | | 224-3648 |
| MAILING ADDRESS (Street) | | | FAX |
| 91-285 Fort Weaver Rd. | | | EMAIL alicia@loihicommunications.com |
| (City) | (State) | | (Zip Code) |
| Ewa Beach | HI | | 96706 |
| 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 Crop Improvement Association | | 224-3648 |
| MAILING ADDRESS (Street) | | FAX |
| PO Box 75345 | | EMAIL director@hciaonline.com |
| (City) | (State) | (Zip Code) |
| Kapolei | HI | 96707 |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT | | TELEPHONE |
| Alicia Maluafiti | | 224-3648 |
| MAILING ADDRESS (Street) | | FAX |
| PO Box 75345 | | EMAIL cporter@hawaiilegal.com |
| (City) | (State) | (Zip Code) |
| Kapolei | HI | 96707 |



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## 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.*

(Signature of Lobbyist) 12-26-13 (Date)

## PART V AUTHORIZATION TO LOBBY

| NAME | TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED |
|---|---|
| Mark Phillipson | Mark Phillipson |

| NAME OF ORGANIZATION (if applicable) | TELEPHONE |
|---|---|
| HCIA | 224-3648 |
| MAILING ADDRESS (Street) | FAX |
| PO Box 75345 | EMAIL mark.phillipson@syngenta.com |

| (City) | (State) | (Zip Code) |
|---|---|---|
| Kapolei | HI | 96707 |

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

(Signature of Authorizing Officer or Person Represented) January 6, 2014 (Date)