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
Maluafiti	Alicia		224-3648
MAILING ADDRESS (Street)			FAX
91-285 Fort Weaver Rd.			EMAIL alicia@leihicommunications.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
Community Association Institute		539-1114
MAILING ADDRESS (Street)		FAX
c/o Chris Porter,841 Bishop St., Suite 1500		EMAIL cporter@hawaiilegal.com
(City)	(State)	(Zip Code)
Honolulu	HI	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Chris Porter		539-1114
MAILING ADDRESS (Street)		FAX
841 Bishop St., Suite 1500		EMAIL cporter@hawaiilegal.com
(City)	(State)	(Zip Code)
Honolulu	HI	96813

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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: Christian P. Porter

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED:

NAME OF ORGANIZATION (if applicable): Community Association Institute

TELEPHONE: (808) 539-1114

MAILING ADDRESS (Street): 841 Bishop Street, Suite 1500

FAX: (808) 539-1189

EMAIL: cporter@hawaiilegal.com

(City): Honolulu, (State): HI (Zip Code): 96813

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)