



**HAWAII STATE ETHICS COMMISSION**  
 1001 BISHOP STREET, HONOLULU, HAWAII 96813  
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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
Goldstein	Cindy	S	808-637-0100 ext 117
MAILING ADDRESS (Street)			FAX 808-637-1611
Pioneer Waiialua Parent Seed	67-172 Farrington Hwy	PO Box 520	EMAIL cindy.goldstein@pioneer.com
(City)	(State)	(Zip Code)	
Waiialua		96791	
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
DuPont Pioneer			808-637-0100 ext 117
MAILING ADDRESS (Street)			FAX 637-1611
Pioneer Waiialua Parent Seed	67-172 Farrington Hwy	PO Box 520	EMAIL cindy.goldstein@pioneer.com
(City)	(State)	(Zip Code)	
Waiialua	HI	96791	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Cindy Goldstein			808-637-0100 ext 117
MAILING ADDRESS (Street)			FAX 637-1611
Pioneer Waiialua Parent Seed	67-172 Farrington Hwy	PO Box 520	EMAIL cindy.goldstein@pioneer.com
(City)	(State)	(Zip Code)	
Waiialua	HI	96791	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input checked="" type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input checked="" 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 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 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>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
<u>Cindy Goldstein</u>	<u>1-23-14</u>
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY	
NAME <u>Richard McCormack</u>	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED <u>Hawaii Operations Lead</u>
NAME OF ORGANIZATION (if applicable) <u>DuPont Pioneer</u>	TELEPHONE <u>808-637-0100 ext 111</u>
MAILING ADDRESS (Street) <u>Waialua Parent Seed 67-172 Farrington Hwy PO Box 520</u>	FAX <u>637-1611</u>
(City) <u>Waialua</u>	EMAIL <u>richard.mccormack@pioneer.com</u>
(State) <u>HI</u>	(Zip Code) <u>96791</u>
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>	
<u>Richard McCormack</u>	<u>1-23-14</u>
(Signature of Authorizing Officer or Person Represented)	(Date)