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		808-224-3648
MAILING ADDRESS (Street)			FAX
PO Box 75345			EMAIL alicia@lothicommunications.com
(City)	(State)		(Zip Code)
Kapolei	HI		96707
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
CropLife America	202-296-1585
MAILING ADDRESS (Street)	FAX 202-463-0474
1156 15th Street, NW, Suite 400	EMAIL
(City) Washington (State) DC	(Zip Code) 20005
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
Beau Greenwood	202-872-3871
MAILING ADDRESS (Street)	FAX 202-355-1411
1156 15th Street NW, Suite 400	EMAIL bgreenwood@croplifeamerica.c
(City) Washington (State) DC	(Zip Code) 20005

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

X 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)
X 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) 1-15-14 (Date)

PART V AUTHORIZATION TO LOBBY

NAME: Beau Greenwood

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED: Executive Vice President of Govt Rel. and Public Affairs

NAME OF ORGANIZATION (if applicable): CropLife America

TELEPHONE: 202-872-3871

MAILING ADDRESS (Street): 1156 15th Street NW, Suite 400

FAX: 202-463-0474

EMAIL: bgreenwood@croplifeamerica.org

(City): Washington (State): DC (Zip Code): 20005

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

(Signature of Authorizing Officer or Person Represented) 1-22-14 (Date)