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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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 |
|---|---|---|---|
| Eads | Chrystn | K.A. | (808) 524-1800 |
| MAILING ADDRESS (Street) | | | FAX (808)524-4591 |
| 1001 Bishop Street, Suite 1800 | | | EMAIL ceads@ahlt.com |
| (City) | (State) | | (Zip Code) |
| Honolulu | HI | | 96813 |
| EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) | | | TELEPHONE |
| Alston Hunt Floyd & Ing | | | (808) 524-1800 |
| MAILING ADDRESS (Street) | | | FAX (808)524-4591 |
| 1001 Bishop Street, Suite 1800 | | | EMAIL ceads@ahlt.com |
| (City) | (State) | | (Zip Code) |
| Honolulu | HI | | 96813 |

## PART II ORGANIZATION

| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) | | | TELEPHONE |
|---|---|---|---|
| Hawaii Independent Insurance Agents Association | | | (808) 531-3125 |
| MAILING ADDRESS (Street) | | | FAX (808) 531-9995 |
| 76 North King Street | | | EMAIL hiia@hawaii.twcbc.com |
| (City) | (State) | | (Zip Code) |
| Honolulu | HI | | 96817 |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT | | | TELEPHONE |
| Sonia M. Leong | | | (808) 531-3125 |
| MAILING ADDRESS (Street) | | | FAX (808) 531-9995 |
| 76 North King Street | | | EMAIL hiia@hawaii.twcbc.com |
| (City) | (State) | | (Zip Code) |
| Honolulu | HI | | 96817 |



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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 |
| X Consumer Protection & Commerce | Hawaiian Affairs | X Labor & Employment | Transportation |
| Culture, Arts, Historic Preservation | X 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) 2/11/14 (Date)

## PART V AUTHORIZATION TO LOBBY

| NAME | TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED |
|---|---|
| Sonia M. Leong | Executive Director |

| NAME OF ORGANIZATION (if applicable) | TELEPHONE |
|---|---|
| Hawaii Independent Insurance Agents Association | (808) 531-3125 |
| MAILING ADDRESS (Street) | FAX (808) 531-9995 |
| 76 North King Street | EMAIL hiia@hawaii.rr.com |

| (City) | (State) | (Zip Code) |
|---|---|---|
| Honolulu | HI | 96817 |

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

(Signature of Authorizing Officer or Person Represented) 2/13/2014 (Date)