



HAWAII STATE ETHICS COMMISSION
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 or P.O. BOX 616, HONOLULU, HAWAII 96809
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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@AHFI.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
1001 BISHOP STREET, SUITE 1800			EMAIL CEADS@AHFI.COM
(City)	(State)	(Zip Code)	
HONOLULU	HI	96813	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Anaergia Services,LLC			(808)-280-6021
MAILING ADDRESS (Street)			FAX
PO Box 1705			EMAIL Karl.Bossert@anaergia.com
(City)	(State)	(Zip Code)	
Kahului	HI	96733	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Karl Bossert			(808)-280-6021
MAILING ADDRESS (Street)			FAX
PO Box 1705			EMAIL Karl.Bossert@anaergia.com
(City)	(State)	(Zip Code)	
Kahului	HI	96733	

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 type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input checked="" 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 checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> 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)

March 25, 2014

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Karl Bossert	Director of Business Development - Pacific

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Anaergia Services, LLC	(808)-280-6021

MAILING ADDRESS (Street)	FAX
PO Box 1705	EMAIL
	Karl.Bossert@anaergia.com

(City)	(State)	(Zip Code)
Kahului	HI	96733

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



(Signature of Authorizing Officer or Person Represented)

3/25/14

(Date)