

**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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 Web site: [www.hawaii.gov/ethics](http://www.hawaii.gov/ethics)

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STATE OF HAWAII  
STATE ETHICS COMMISSION

NOTE: This is a public document.

**LOBBYIST REGISTRATION FORM**

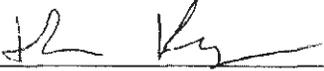
(Type or Print Clearly)

| <b>PART I LOBBYIST</b>  |                    |                     |                                   |
|---|--------------------|---------------------|-----------------------------------|
| NAME (Last)<br>Emery  | (First)<br>Richard | (Middle)<br>Brown   | TELEPHONE<br>808-282-8051         |
| MAILING ADDRESS (Street)<br>Associa, 737 Bishop Street, Suite 3100  |                    |                     | FAX                               |
|   |                    |                     | EMAIL<br>richard.emery@associa.us |
| (City)<br>Honolulu  | (State)<br>HI      | (Zip Code)<br>96813 |                                   |
| 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)          |                                   |

| <b>PART II ORGANIZATION</b>  |               |   |
|--|---------------|---|
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)<br>Associa                              |               | TELEPHONE<br>214-953-3009               |
| MAILING ADDRESS (Street)<br>5401 N. Central Expressway, Suite 300                              |               | FAX                                     |
|  |               | EMAIL                                   |
| (City)<br>Dallas   | (State)<br>TX | (Zip Code)<br>75205                     |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT<br>John Krueger |               | TELEPHONE<br>214-272-4078               |
| MAILING ADDRESS (Street)<br>5401 N. Central Expressway, Suite 290                              |               | FAX                                     |
|  |               | EMAIL<br>john.krueger@associaonline.com |
| (City)<br>Dallas   | (State)<br>TX | (Zip Code)<br>75205                     |

| PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY   |   |   |   |
|---|---|---|---|
| <input 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 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 checked="" type="checkbox"/> Other: (indicate below)<br>community association management |
| <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> |                   |
|                                    | November 11, 2015 |
| (Signature of Lobbyist)   | (Date)            |

| PART V AUTHORIZATION TO LOBBY   |  |   |
|---|--|---|
| NAME<br>John Krueger  | TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED<br>Vice President, Government Affairs |   |
| NAME OF ORGANIZATION (if applicable)<br>Associa   | TELEPHONE<br>214-272-4078  |   |
| MAILING ADDRESS (Street)<br>5401 N. Central Expressway, Suite 290   | FAX  | EMAIL<br>john.krueger@associaonline.com |
| (City)<br>Dallas  | (State)<br>TX  | (Zip Code)<br>75205                     |
| <i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i> |  |   |
|                                |  | 11/11/15                                |
| (Signature of Authorizing Officer or Person Represented)  |  | (Date)                                  |