



HAWAII STATE ETHICS COMMISSION
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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
Kido	C.	Mike	539-0400
MAILING ADDRESS (Street)			FAX 533-4945
999 Bishop Street, Suite 1400			EMAIL cmkido@awlaw.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
Slovin & Ito LLP			539-0400
MAILING ADDRESS (Street)			FAX 533-4945
999 Bishop Street, Suite 1400			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
MultiState Associates Inc. on behalf of Consumer Technology Association			703-684-1110
MAILING ADDRESS (Street)			FAX 703-684-7912
515 King Street, Suite 300			EMAIL
(City)	(State)	(Zip Code)	
Alexandria	VA	22314	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Carrie E. Castro			703-684-1110
MAILING ADDRESS (Street)			FAX 703-684-7912
515 King Street, Suite 300			EMAIL ccastro@multistate.com
(City)	(State)	(Zip Code)	
Alexandria	VA	22314	

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 checked="" 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.

C. Mike Kido 11/16/15
 (Signature of Lobbyist) (Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Jeffery A. Hartgen		Principal, MultiState Associates, Inc.	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
MultiState Associates Inc. on behalf of Consumer Technology Association		703-684-1110	
MAILING ADDRESS (Street)		FAX 703-684-7912	
515 King Street, Suite 300		EMAIL	
		jhartgen@multistate.com	
(City)	(State)	(Zip Code)	
Alexandria	VA	22314	

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

[Signature] 11/13/15
 (Signature of Authorizing Officer or Person Represented) (Date)