



HAWAII STATE ETHICS COMMISSION

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STATE OF HAWAII
STATE ETHICS COMMISSION

NOTE: This is a public document.

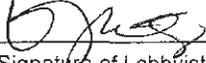
LOBBYIST REGISTRATION FORM

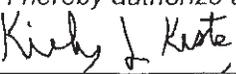
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Piltz	Karen		808-528-8200
MAILING ADDRESS (Street)			FAX 808-536-5869
745 Fort St., 9th Floor			EMAIL kpiltz@chunkerr.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
Chun Kerr LLP			808-528-8200
MAILING ADDRESS (Street)			FAX 808-536-5869
745 Fort St., ith Floor			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Hawaii Crop Improvement Association		808-594-3611
MAILING ADDRESS (Street)		FAX
P.O. Box 126		EMAIL
(City)	(State)	(Zip Code)
Aiea	HI	96701
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Bennette Misalucha		808-534-9611
MAILING ADDRESS (Street)		FAX
P.O. Box 126		EMAIL director@hciaonline.com
(City)	(State)	(Zip Code)
Aiea	HI	96701

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 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 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>	
 _____ (Signature of Lobbyist)	1/28/2016 _____ (Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Kirby Kester	President	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
Hawaii Crop Improvement Association	808-594-3611	
MAILING ADDRESS (Street)	FAX	
P.O. Box 126	EMAIL	
(City)	(State)	(Zip Code)
Aiea	HI	96701
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
 _____ (Signature of Authorizing Officer or Person Represented)	1/29/2016 _____ (Date)	