



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
Misalucha	Bennette	E	808-398-5988
MAILING ADDRESS (Street)			FAX
98-2009H Kaahumanu St.			EMAIL
			bennette@bettercropshawaii.com
(City)	(State)	(Zip Code)	
Aiea	Hawaii	96701	
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)	

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
			Bennette@bettercropshawaii.com
(City)	(State)	(Zip Code)	
Aiea	Hawaii	96701	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Bennette Misalucha			808-398-5988
MAILING ADDRESS (Street)			FAX
P.O. Box 126			EMAIL
			bennette@bettercropshawaii.com
(City)	(State)	(Zip Code)	
Aiea	Hawaii	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 hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Dennette K. Mims

(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Kirby Kester		President, HCIA	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Hawaii Crop Improvement Association		808-567-2102	
MAILING ADDRESS (Street)		FAX	
P.O. Box 126		EMAIL	
(City)		KLkester@dow.com	
(State)		(Zip Code)	
Aiea		Hawaii 96701	

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

Kirby J. Kester

(Signature of Authorizing Officer or Person Represented)

1/28/16

(Date)