



HAWAII STATE ETHICS COMMISSION
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 TEL: (808) 587-0460 FAX: (808) 587-0470
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 Web site: www.hawaii.gov/ethics

THIS SPACE FOR OFFICE USE ONLY 42

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 Street, 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 Street, 9th Floor			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
InState Partners		
MAILING ADDRESS (Street)		FAX
1028 33rd Street N.W. Suite 200		EMAIL
(City)	(State)	(Zip Code)
Washington	DC	20007
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Alex Johnson		202-489-3784
MAILING ADDRESS (Street)		FAX
1028 33rd Street N.W. Suite 200		EMAIL
(City)	(State)	(Zip Code)
Washington	DC	20007

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 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 type="checkbox"/> Ecology, Energy Environmental Protection | <input checked="" 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)

3/18/2016
(Date)

PART V AUTHORIZATION TO LOBBY

NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Alex Johnson

NAME OF ORGANIZATION (if applicable)

InState Partners

TELEPHONE

202-489-3784

MAILING ADDRESS (Street)

1028
205833rd St NW Suite 200

FAX

EMAIL

(City)

Washington

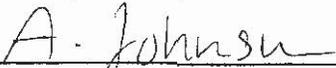
(State)

DC

(Zip Code)

2007

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



(Signature of Authorizing Officer or Person Represented)

3/15/10

(Date)