



### HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813  
or P.O. BOX 616, HONOLULU, HAWAII 96809  
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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
Watanabe	Warren	K.	281-9718
MAILING ADDRESS (Street)			FAX
75 Kawehi Place			EMAIL warrenmetb@gmail.com
(City)	(State)	(Zip Code)	
Kula	Hawaii	96790	
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
Maui County Farm Bureau			281-9718
MAILING ADDRESS (Street)			FAX
PO Box 148			EMAIL warrenmetb@gmail.com
(City)	(State)	(Zip Code)	
Kula	HI	96790	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Warren Watanabe			281-9718
MAILING ADDRESS (Street)			FAX
75 Kawehi Pl.			EMAIL warrenmetb@gmail.com
(City)	(State)	(Zip Code)	
Kula	HI	96790	

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 checked="" type="checkbox"/> Science, Technology & Economic Development
<input checked="" type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operation & Finance	<input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input checked="" type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input checked="" 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.	
<u>Karen K. Natanaka</u>	<u>4/20/16</u>
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY	
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
<u>Darren Strand</u>	<u>President</u>
NAME OF ORGANIZATION (if applicable)	TELEPHONE
<u>Mau'i County Farm Bureau</u>	<u>357-5489</u>
MAILING ADDRESS (Street)	FAX
<u>PO Box 148</u>	EMAIL
(State)	<u>dstrand@pineapplemissi.co</u>
<u>Kula, HI</u>	(Zip Code)
	<u>96790</u>
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.	
<u>Darren Strand</u>	<u>4/20/16</u>
(Signature of Authorizing Officer or Person Represented)	(Date)