

**HAWAII STATE ETHICS COMMISSION**

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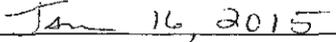
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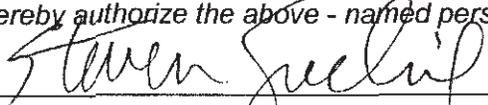
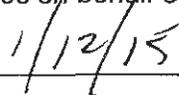
LOBBYIST REGISTRATION FORM OF HAWAII
 STATE ETHICS COMMISSION
 (Type or Print Clearly)

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
American Insurance Association			
MAILING ADDRESS (Street)			FAX
1015 K Street, Suite 200			EMAIL
(City)	(State)	(Zip Code)	
Sacramento	CA	95814	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Steven Suchil			(916) 442-7617
MAILING ADDRESS (Street)			FAX
1015 K Street, Suite 200			EMAIL sssuchil@aiadc.org
(City)	(State)	(Zip Code)	
Sacramento	CA	95814	

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 checked="" 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)	(Date)

PART V AUTHORIZATION TO LOBBY			
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Steven Suchil			
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
American Insurance Association		(916) 442-7617	
MAILING ADDRESS (Street)		FAX	
1015 K Street, Suite 200		EMAIL	
		sssuchil@aiadc.org	
(City)	(State)	(Zip Code)	
Sacramento	CA	95814	
<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)		(Date)	