HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, HONOLULU, HAWAII 96813
or P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: (808) 587-0460 FAX: (808) 587-0470
email: ethics@hawaiiethics.org
Web site: www.hawaii.gov/ethics

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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
GLICK	KEVIN	CRAIG	808·246-9100
MAILING ADDRESS (Street)			FAX 808·246·9199
4491-A Kolopa Street			EMAIL Kglick@KauaiRx.com
(City)	(State)		(Zip Code)
Lihue	Hawaii		96766
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 Community Pharmacist Org			808·246·9100
MAILING ADDRESS (Street)			FAX 808·246·9199
P.O. Box 414			EMAIL Kglick@KauaiRx.com
(City)	(State)		(Zip Code)
Honolulu	HAWAII	96809	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Catalina Cross			808·341-8612
MAILING ADDRESS (Street)			FAX
P.O. 414			EMAIL catalina.rsc@gmail.com
(City)	(State)		(Zip Code)
Honolulu	HAWAII		96809

REC'D BY FAX

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

☐ Agriculture	☐ Education	☐ Human Services	☐ Science, Technology & Economic Development
☐ Communications & Public Utilities	☐ Government Operation & Finance	☐ Intergovernmental Relations, International Affairs	☐ Tourism & Recreation
☐ Consumer Protection & Commerce	☐ Hawaiian Affairs	☐ Labor & Employment	☐ Transportation
☐ Culture, Arts, Historic Preservation	☒ Health	☐ Planning, Land & Water Use Management	☐ Other: (indicate below)
☐ Ecology, Energy Environmental Protection	☐ Housing	☐ 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.

Kim Celich BR 1/27/2015

(Signature of Lobbyist) (Date)

PART V AUTHORIZATION TO LOBBY

NAME: Patrick Adams

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED: Co-Chair

NAME OF ORGANIZATION (if applicable): Hawaii Community Pharmacist Assoc

TELEPHONE: 808-640-1848

MAILING ADDRESS (Street): P.O. 414

FAX:

EMAIL: tandemAdams@yahoo.com

(City): Honolulu (State): Hawaii (Zip Code): 96809

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

Kim Celich Co-Chair 1/27/2015

(Signature of Authorizing Officer or Person Represented) (Date)