ORIGINAL

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

THIS SPACE FOR OFFICE USE ONLY

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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
OSHIRO	BLAKE	K.	(808) 524-1800
MAILING ADDRESS (Street)			FAX (808) 524-4591
1001 BISHOP STREET, SUITE 1800			EMAIL BOSHIRO@AHFI.COM
(City)	(State)		(Zip Code)
HONOLULU	HAWAII		96813
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
ALSTON HUNT FLOYD &ING			(808) 524-1800
MAILING ADDRESS (Street)			FAX (808) 524-4591
1001 BISHOP STREET, SUITE 1800			EMAIL
(City)	(State)		(Zip Code)
HONOLULU	HAWAII		96813

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
WESTERN PLANT HEALTH ASSOCIATION		(916) 574-9744
MAILING ADDRESS (Street)		FAX
4460 DUCKHORN DRIVE, SUITE A		EMAIL
(City)	(State)	(Zip Code)
SACRAMENTO	CALIFORNIA	95834
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
RENEE PINEL		(916) 574-9744
MAILING ADDRESS (Street)		FAX
4460 DUCKHORN DRIVE, SUITE A		EMAIL RENEEP@HEALTHYPLANTS.ORG
(City)	(State)	(Zip Code)
SACRAMENTO	CALIFORNIA	95834

REC'D BY HAND DELIVERY

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.

(Signature of Lobbyist) — 1-26-15 (Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
RENEE PINEL	PRESIDENT/CEO

NAME OF ORGANIZATION (if applicable)	TELEPHONE
WESTERN PLANT HEALTH ASSOCIATION	(916) 574-9744
MAILING ADDRESS (Street)	FAX
4460 DUCKHORN DRIVE, SUITE A	EMAIL RENEEP@HEALTHYPLANTS.ORG

(City)	(State)	(Zip Code)
SACRAMENTO	CALIFORNIA	95834

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

(Signature of Authorizing Officer or Person Represented) — 1/20/15 (Date)