

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
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STATE OF HAWAII
STATE ETHICS COMMISSION

NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

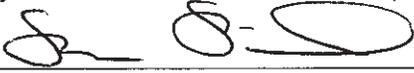
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
EADS	CHRYSTN	K.A.	(808) 524-1800
MAILING ADDRESS (Street)			FAX (808) 524-4591
1001 BISHOP STREET, SUITE 1800			EMAIL CEADS@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	

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 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 type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input checked="" 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>	
	11/28/15
(Signature of Lobbyist)	(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>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
	1/20/15	
(Signature of Authorizing Officer or Person Represented)	(Date)	