



HAWAII STATE ETHICS COMMISSION
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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
Maluafiti	Alicia		808-224-3648
MAILING ADDRESS (Street)			FAX
PO Box 75345			EMAIL
			aliciamaluafti@hawaii.rr.com
(City)	(State)	(Zip Code)	
Kapolei	HI	96707	
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 CROP IMPROVEMENT ASSOCIATION		(808) 594-3611
MAILING ADDRESS (Street)		FAX
P.O. Box 126		EMAIL
(City)	(State)	(Zip Code)
Aiea	HI	96701
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Bennette Misalucha		(808) 398 5988
MAILING ADDRESS (Street)		FAX
P.O. Box 126		EMAIL
		bennette.misalucha808@gmail.com
(City)	(State)	(Zip Code)
Aiea	HI	96701

REC'D BY email

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 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 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 hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
<u><i>A. Shafer</i></u> (Signature of Lobbyist)	<u>1/17/15</u> (Date)

PART V AUTHORIZATION TO LOBBY			
NAME KIRBY KESTER		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED PRESIDENT - HCIA	
NAME OF ORGANIZATION (if applicable) HAWAII CROP IMPROVEMENT ASSOCIATION		TELEPHONE (808) 567-2102	
MAILING ADDRESS (Street) P.O. Box 124		FAX	
(City) Aiea	(State) HI	EMAIL kLkester@dow.com	
		(Zip Code) 96701	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
<u><i>Kirby Kester</i></u> (Signature of Authorizing Officer or Person Represented)		<u>3-10-15</u> (Date)	