



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.r.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 Chapter Community Associations Institute, Legislative Action Committee,			(808) 532-7261
MAILING ADDRESS (Street)			FAX
1000 Bishop St., Ste. 801			EMAIL
			nalan@myhawaiiilaw.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Na Lan, 2015 Chair for CAI LAC Hawaii Chapter			(808) 532-7261
MAILING ADDRESS (Street)			FAX
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