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
Maluafiti	Alicia		808-224-3648
MAILING ADDRESS (Street)			FAX
PO Box 75345			EMAIL alicia@loihicommunications.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
Associa Hawaii		214-272-4078
MAILING ADDRESS (Street)		FAX
5401 N. Central Expressway, Suite 290		EMAIL johnkrueger@associaonline.com
(City)	(State)	(Zip Code)
Dallas	TX	75205
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
John Krueger		214-272-4078
MAILING ADDRESS (Street)		FAX
5401 N. Central Expressway, Suite 290		EMAIL johnkrueger@associaonline.com
(City)	(State)	(Zip Code)
Dallas	TX	75205

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) community association management
☑ 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) — (Date) 1-28-16

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
John Krueger	VP, Government Affairs

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Associa	214-272-4078
MAILING ADDRESS (Street)	**FAX**
5401 N. Central Expressway, Suite 290	**EMAIL**

(City)	(State)	(Zip Code)
Dallas	TX	75205

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

(Signature of Authorizing Officer or Person Represented) — (Date) 1/29/16