



HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813
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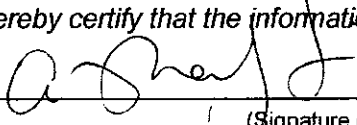
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STATE OF HAWAII
LOBBYIST REGISTRATION FORM ETHICS COMMISSION
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) Maluafiti	(First) Alicia	(Middle) TELEPHONE 808-224-3648
MAILING ADDRESS (Street) PO Box 75345		FAX
(City) Kapolei		(State) HI
		(Zip Code) 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) Hawaii Crop Improvement Association		TELEPHONE 224-3648
MAILING ADDRESS (Street) PO Box 75345		FAX
(City) Kapolei		(State) HI
		(Zip Code) 96707
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Alicia Maluafiti		TELEPHONE 224-3648
MAILING ADDRESS (Street) PO Box 75345		FAX
		EMAIL director@hciaonline.com
(City) Kapolei		(State) HI
		(Zip Code) 96707

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 checked="" 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 checked="" 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 checked="" 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>	
	1-15-13
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Mark Phillipson	HCIA President	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
HCIA	688-1477	
MAILING ADDRESS (Street)	FAX	
PO Box 8	EMAIL	
	mark.phillipson@syngenta.com	
(City)	(State)	(Zip Code)
Kunia	HI	96759
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
	3/28/2013	
(Signature of Authorizing Officer or Person Represented)	(Date)	