

LOBBYIST REGISTRATION STATEMENT

You must file this statement with the Office of the County Clerk if you are an individual who for pay or other consideration engages in lobbying on behalf of another person, or organization, for more than five (5) hours in any month or spends more than \$750 lobbying during any reporting period (January 1st through December 31st of the previous year). NOTE THAT THIS IS A PUBLIC DOCUMENT.

	(Type or Prin	nt Clearly)		4
NAME Last Hayashi, Clyde T.	Fi	rst	Middle	
BUSINESS MAILING ADDRES	SS Street	City	State	Zip Code
650 Iwilei Road, Suite 285	Honolulu, HI 96817			
ГЕLЕРНОNЕ NO. 808-497-3824	E-MAIL chayashi@ha	awaiilecet.or	g	
NAME OF PERSON OR ORGA Hawaii Laborers-Employers				
BUSINESS MAILING ADDRES 650 Iwilei Road, Suite 285		City	State	Zip Code
BUSINESS TELEPHONE NO. 808-845-3238 ext 1				
	SUBJECT AREAS	OF LORBAL	NC	
(Bill/F	Resolution Number(s), Age			
onstruction, Development,				
			Rija (sanda pak) i jiga jaga sa ji ngovi jiya ni kakistoo ni kanaka sana in san sana saka sana kakis sana sak	
			~	
	CERTIFICATION			. 7 7 .
hereby certify that the informa	tion furnished above is, to	o the best of my	knowledge, corre	ct and complete.
Class Augus		August	et 3, 2016	
Signature of Lobbyist)		(Date)		
	AUTHORIZATIO			
NAME Clyde T. Hayashi	TITLE OF AUTH Director	HORIZING OF	FICER OF PERSO	ON REPRESENTE
NAME OF ORGANIZATION (if Hawaii LECET	,			2385 ext. 1
ADDRESS OF ORGANIZATION 650 Iwilei Road, Suite 285 Hono	lulu, HI 96817	,	•	Code
hereby authorize the above-named pers	on to engage in lobbying activit	ies on behalf of the	e undersigned.	
Malle		August	3 2016	

(Date)

(Signature of Authorizing Officer)

RECEIVED

'16 AUG 15 P12:57

OFFICE OF THE COUNTY CLERK COUNTY OF KAUA'I