

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 Print Clearly)

Kimura, Joy N.						Middle	
BUSINESS MAILING	ADDRESS	St	reet	City		State	Zip Code
650 Iwilei Road, Su	uite 285 Honolu	lu. HI 96	6817				•
TELEPHONE NO.		E-MAII					
808-388-7128		jkimur	a@hawai	ilecet.org			
NAME OF PERSON O							
Hawaii Laborers-En							7: C 1
650 Iwilei Road, Su	uite 285 Honolu		reet 6817	City		State	Zip Code
BUSINESS TELEPHO 808-845-3238 ext 3							
	SII	BJECT	AREAS O	F LOBBY	ING		
	(Bill/Resolution					Topic(s)	ĺ
Construction, Devel	opment, Land U	se, Zon	ing, Perm	itting, Co	des, et	C	
							те общена у Велино во Бабе 1990 г. — 1990 г. — 1994 г. с. 2014 г. с. Бабакска в дасканова бокасо до чен
	CF	PTIFIC	CATION O	FIORRY	IST		ara Baser Bila seker a B. Persone (B. Berrins) Berrins (B. Berrins) and Carbana (B. Berrins) and Carbana (B. Be
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(Signature of Lobbyist	e information furn	UTHOR	RIZATION	Augus (Date)	t 3, 201	16	
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(Signature of Lobbyist	e information furn	UTHOR	RIZATION	Augus (Date)	t 3, 201	OF PER	
(Signature of Lobbyist NAME Clyde T. Hayashi NAME OF ORGANIZA	ATION (if applicab	UTHOR TITLE O Director ble)	RIZATION	Augus (Date)	t 3, 201	OF PERTELEP 808-845	RSON REPRESENTED THONE NO.
NAME Clyde T. Hayashi NAME OF ORGANIZA Hawaii LECET ADDRESS OF ORGAN	ATION (if application of PE 285 Honolulu, HI 9	UTHOR FITLE O Director ole) RSON 16817	RIZATION F AUTHOI	August (Date) TO LOBE	t 3, 201 BY FFICER Stat	OF PER TELEP 808-845	RSON REPRESENTED HONE NO. 5-32385 ext. 1
NAME Clyde T. Hayashi NAME OF ORGANIZA Hawaii LECET ADDRESS OF ORGAN 650 Iwilei Road, Suite	ATION (if application of PE 285 Honolulu, HI 9	UTHOR FITLE O Director ole) RSON 16817	RIZATION F AUTHOI	August (Date) TO LOBE	BY FFICER State	OF PER TELEP 808-845 Ge Z	RSON REPRESENTED HONE NO. 5-32385 ext. 1
NAME Clyde T. Hayashi NAME OF ORGANIZA Hawaii LECET ADDRESS OF ORGAN 650 Iwilei Road, Suite	ATION (if application for ANIZATION OR PE 285 Honolulu, HI 92-named person to engage	UTHOR FITLE O Director ole) RSON 16817	RIZATION F AUTHOI	August (Date) TO LOBE RIZING OF	BY FFICER State	OF PER TELEP 808-845 Ge Z	RSON REPRESENTED HONE NO. 5-32385 ext. 1

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OFFICE OF THE COUNTY CLERK COUNTY OF KAUA'I