

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)									
NAME Last	First		Middle						
Lee, Peter H. M.									
BUSINESS MAILING ADDRESS	Street City		State	Zip Code					
650 lwilei Road, Suite 285 Honolulu, HI 96817									
TELEPHONE NO.	E-MAIL								
808-306-0189	plee@hawaiilecet.org								
NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (do not abbreviate)									
Hawaii Laborers-Employers Cooperation and Education Trust (LECET)									
BUSINESS MAILING ADDRESS	Street	City	State	Zip Code					
650 Iwilei Road, Suite 285 Honolulu, HI 96817									
BUSINESS TELEPHONE NO.									
808-845-3238 ext 2									

SUBJECT AREAS OF LOBBYING					
$(Bill/Resolution\ Number(s),\ Agenda\ Item(s),\ and\ /or\ Topic(s))$					
Construction, Development, Land Use, Zoning, Permitting, Codes, etc					

CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

(Signature of Lobbyist)

August 3, 2016
(Date)

AUTHORIZATION TO LOBBY								
NAME Clyde T. Hayashi	TITLE OF AUTHORIZING OFFICER OF PERSON REPRESENTED Director							
NAME OF ORGANIZATION (if applicable) Hawaii LECET				TELEPHONE NO. 808-845-32385 ext. 1				
ADDRESS OF ORGANIZATION OR PERSON Street 650 Iwilei Road, Suite 285 Honolulu, HI 96817			City	Stat	te Zip Code			
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.								
(Signature of Authorizing Officer)			August (Date)	August 3, 2016 (Date)				

RECEIVED

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OFFICE OF THE COUNTY CLERK COUNTY OF KAUA'I