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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 C	learly)			
NAME	Last	First		Middle		
	Snigemoto	nigemoto Tom		H.		
BUSINESS MAILING ADDRESS		Street	City	State	Zip Code	
P. O. Box 178			Eleele	HI	96705	
TELEPHONE NO.		E-MAIL				
(808) 335-2836		tshigemoto@abprop.com				
NAME OF PERSON		ON YOU LOBBY FO	R (do not abbr	eviate)		
Alexander and Baldy	win, Inc.,					
BUSINESS MAILIN	G ADDRESS	Street	City	State	Zip Code	
		822 Bishop Street,	Honolulu,	HI	96813	
BUSINESS TELEPH	IONE NO.					
(808) 335-2836						

SUBJECT AREAS OF LOBBYING	
(Bill/Resolution Number(s), Agenda Item(s), and/or Topic(s))	
Land Use/Planning/Zoning	
Public Works/Water/Parks	
Budget/Finance,Housing	
Agriculture	

CERTIFICATION OF LOBBYIST							
I hereby certify that the information furnished (Signature of Lobbost)	d above is, to the best of my knowledge, correct and complete. August 5 2016 (Date)						

		277.177.037	TO T OPPI			
		RIZATION '				
NAME TITLE OF AUTHORIZI			ZING OFFICER OF PERSON REPRESENTED			
Nelson N.S. Chun Senior Vice President &			k Chief Legal Officer			
NAME OF ORGANIZATION (if applic Alexander & Baldwin, Inc.	able)				ELEPHONE NO. 808) 525-6622	
ADDRESS OF ORGANIZATION OR P		Street 2 Bishop St,,	City Honolulu,	State HI	Zip Code 96813	
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.						
(Signature of Authorizing Officer)			(Date)	. 9,	2016	