



HAWAII STATE ETHICS COMMISSION

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STATE OF HAWAII
 STATE ETHICS COMMISSION

NOTE: This is a public document.

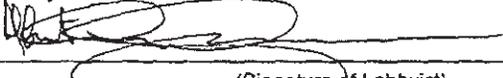
LOBBYIST REGISTRATION FORM

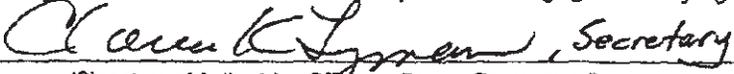
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
LYMAN	Albert	Lono	808-282-0448
MAILING ADDRESS (Street)			FAX None
2048-A Ualakaa Street			EMAIL
			lymana001@hawaii.nr.com
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96822	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Not applicable			
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Kapoho Management Company, Inc. (GP)/Kapoho Land Partnership(LtdP)			808935-5810
MAILING ADDRESS (Street)			FAX None
Suite 7, 949 McCully Street			EMAIL
			kip@hawaii.nr.com
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96826	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Brian Iwata, CPA, Taketa Iwata Hara & Associates			808-93505404
MAILING ADDRESS (Street)			FAX
Suite 139, 101 Aupuni Street			EMAIL
			Brian@thcpa.com
(City)	(State)	(Zip Code)	
Hilo	Hawaii	96720-4280	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input checked="" type="checkbox"/> Science, Technology & Economic Development
<input checked="" type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input 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 checked="" type="checkbox"/> Other: (indicate below) <u>Alternative energy</u>
<input 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>	
	1-14-2014
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Clarence K. Lyman	Secretary Kapoho Management Company, Inc.	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
Kapoho Management Company, Inc.(GP)/Kapoho Land Partnership(LtdP)	808-935-5810	
MAILING ADDRESS (Street)	FAX	
% TIH, Suite 139, 101 Aupuni Street	None	
(City)	(State)	(Zip Code)
Hilo	Hawaii	96720 ^{AL}
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
	1/14/2014	
(Signature of Authorizing Officer or Person Represented)	(Date)	