

**HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, HONOLULU, HAWAII 96813
 or P.O. BOX 616, HONOLULU, HAWAII 96809
 TEL: (808) 587-0460 FAX: (808) 587-0470
 email: ethics@hawaiiethics.org
 Web site: www.hawaii.gov/ethics

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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
Kimura	Joy	Y.N.	(808) 845-3238 ext 254
MAILING ADDRESS (Street)			FAX (808) 845-8300
1617 Palama Street			EMAIL jkimuralecet@hawaii.rr.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96817	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

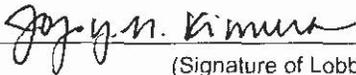
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Laborers-Employers Cooperation and Education Trust (LECET)			(808) 845-3238
MAILING ADDRESS (Street)			FAX (808) 845-8300
1617 Palama Street			EMAIL jkimuralecet@hawaii.rr.com
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96817	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Peter Lee			(808) 845-3238 ext 253
MAILING ADDRESS (Street)			FAX (808) 845-8300
1617 Palama Street			EMAIL pleelecet@hawaii.rr.com
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96817	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Agriculture | <input checked="" type="checkbox"/> Education | <input checked="" type="checkbox"/> Human Services | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input checked="" type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operation & Finance | <input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs | <input checked="" type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input checked="" type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input checked="" type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input checked="" type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input checked="" type="checkbox"/> Housing | <input checked="" type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

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



(Signature of Lobbyist)

1/13/14

(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Clyde T. Hayashi		Director	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Hawaii Laborers-Employers Cooperation and Education Trust (LECET)		(808) 845-3238 ext 252	
MAILING ADDRESS (Street)		FAX (808) 845-8300	
1617 Palama Street		EMAIL cthlecet@hawaii.rr.com	
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96817	

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

1-13-14

(Date)