



**HAWAII STATE ETHICS COMMISSION**  
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 or P.O. BOX 616, HONOLULU, HAWAII 96809  
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STATE OF HAWAII  
 STATE ETHICS COMMISSION

NOTE: This is a public document.

**LOBBYIST REGISTRATION FORM**

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
Lee	Peter	H.M.	(808) 845-3238 ext 253
MAILING ADDRESS (Street)			FAX (808) 845-8300
1617 Palama Street			EMAIL <a href="mailto:pleelecet@hawaii.rr.com">pleelecet@hawaii.rr.com</a>
(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)	

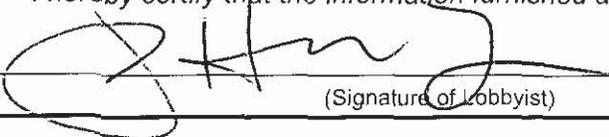
<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Laborers-Employers Cooperation and Education Trust (LECET)			(808) 845-3238 ext 253
MAILING ADDRESS (Street)			FAX (808) 845-8300
1617 Palama Street			EMAIL <a href="mailto:pleelecet@hawaii.rr.com">pleelecet@hawaii.rr.com</a>
(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 <a href="mailto:pleelecet@hawaii.rr.com">pleelecet@hawaii.rr.com</a>
(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)