



**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](mailto:ethics@hawaiiethics.org)  
 Web site: [www.hawaii.gov/ethics](http://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)

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
Hayashi	Clyde	T.	(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	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
MAILING ADDRESS (Street)			FAX (808) 845-8300
1617 Palama Street			EMAIL cthlecet@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
1617 Palama Street	(808) 845-8300
	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)