

**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)

THIS SPACE FOR OFFICE USE ONLY

14 FEB -3 A9 :20

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) Case	(First) Ed	(Middle) 
TELEPHONE 808 921 6616		
MAILING ADDRESS (Street) 2375 Kuhio Ave		FAX 
EMAIL ed.case@outrigger.com		
(City) Honolulu	(State) Hawaii	(Zip Code) 96815
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) Outrigger Enterprises Group		TELEPHONE 808 921 6600
MAILING ADDRESS (Street) 2375 Kuhio Ave.		FAX 808 921 6655
EMAIL		
(City) Honolulu	(State) Hawaii	(Zip Code) 96815
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Max J Sword		TELEPHONE 808 921 6606
MAILING ADDRESS (Street) 2375 Kuhio Ave.		FAX 808 921 6655
EMAIL max.sword@outrigger.com		
(City) Honolulu	(State) Hawaii	(Zip Code) 96815

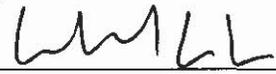
RECEIVED BY U.S. MAIL

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Agriculture   | <input checked="" type="checkbox"/> Education                      | <input 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 type="checkbox"/> Hawaiian Affairs                          | <input checked="" type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation  |
| <input 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 type="checkbox"/> Housing                                   | <input 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.*



1/31/14

(Signature of Lobbyist)

(Date)

**PART V AUTHORIZATION TO LOBBY**

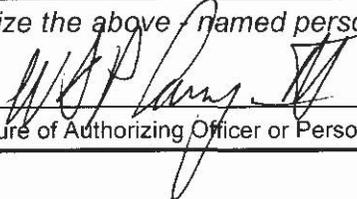
NAME W David Carey III	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President & CEO
---------------------------	---

NAME OF ORGANIZATION (if applicable) Outrigger Enterprises Group	TELEPHONE 808 921 6650
---	---------------------------

MAILING ADDRESS (Street) 2375 Kuhio Ave.	FAX 808 921 6655
	EMAIL david.carey@outrigger.com

(City) Honolulu	(State) Hawaii	(Zip Code) 96815
--------------------	-------------------	---------------------

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



1/31/14

(Signature of Authorizing Officer or Person Represented)

(Date)