

**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

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII
STATE ETHICS COMMISSION

NOTE: This is a public document.

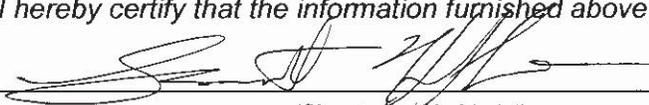
LOBBYIST REGISTRATION FORM

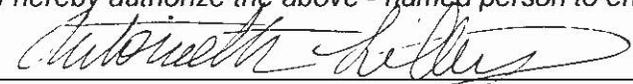
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Halydier	Garrett	Isaiah	8082381494
MAILING ADDRESS (Street)			FAX
1110 Nuuanu Ave, #6			EMAIL garrett@hawaiidispensaryalliance.org
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96817	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Hawaii Dispensary Alliance			8082381494
MAILING ADDRESS (Street)			FAX
1110 Nuuanu Ave, #6			EMAIL garrett@hawaiidispensaryalliance.org
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96817	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Dispensary Alliance			8082381494
MAILING ADDRESS (Street)			FAX
1110 Nuuanu Ave, #6			EMAIL garrett@hawaiidispensaryalliance.org
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96816	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Garrett I. Halydier			8082381494
MAILING ADDRESS (Street)			FAX
1110 Nuuanu Ave, #6			EMAIL garrett@hawaiidispensaryalliance.org
(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 type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input checked="" 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 checked="" type="checkbox"/> Housing	<input checked="" 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>	
	10-20-15
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY			
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Antoinette Lilley		President	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Hawaii Dispensary Alliance		808-351-8733	
MAILING ADDRESS (Street)		FAX	
1110 Nuuanu Ave, #6		EMAIL	
		antoinette@hawaiidispensaryalliance.org	
(City)	(State)	(Zip Code)	
Honolulu	HI	96817	
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>			
		10/20/15	
(Signature of Authorizing Officer or Person Represented)		(Date)	