



HAWAII STATE ETHICS COMMISSION
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Web site: www.hawaii.gov/ethics

THIS SPACE FOR OFFICE USE ONLY
15 OCT 27 2002

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
Garth	Christopher	Hardesty	(808) 351-8733
MAILING ADDRESS (Street)			FAX
1110 Nuuanu Ave #6			EMAIL christopher@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			
MAILING ADDRESS (Street)			FAX
1110 Nuuanu Ave #6			EMAIL christopher@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			
MAILING ADDRESS (Street)			FAX
1110 Nuuanu Ave #6			EMAIL christopher@hawaiidispensaryalliance.org
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96817	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Garrett Halydier			(808) 238-1494
MAILING ADDRESS (Street)			FAX
1110 Nuuanu Ave #6			EMAIL garrett@hawaiidispensaryalliance.org
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96817	

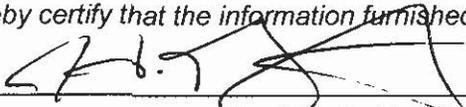
REC'D BY HAND DELIVERY

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



 (Signature of Lobbyist)

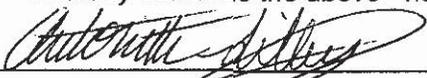
10/20/2015

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

10/20/15

 (Date)