



**HAWAII STATE ETHICS COMMISSION**  
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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
Lilley	Antoinette	Victoria	(808)351-8733
MAILING ADDRESS (Street)			FAX
1100 Nuuanu Ave #6			EMAIL
			<a href="mailto:antoinette@hawaiidispensaryalliance.org">antoinette@hawaiidispensaryalliance.org</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
Hawaii Dispensary Alliance			(808)351-8733
MAILING ADDRESS (Street)			FAX
1100 Nuuanu Ave #6			EMAIL
			<a href="mailto:info@hawaiidispensaryalliance.org">info@hawaiidispensaryalliance.org</a>
(City)	(State)	(Zip Code)	
Honolulu	HI	96817	

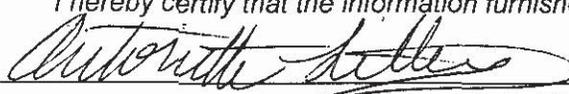
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Dispensary Alliance			(808)351-8733
MAILING ADDRESS (Street)			FAX
1100 Nuuanu Ave # 6			EMAIL
			<a href="mailto:info@hawaiidispensaryalliance.org">info@hawaiidispensaryalliance.org</a>
(City)	(State)	(Zip Code)	
Honolulu	HI	96817	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Garrett Halydier			(808)238-1494
MAILING ADDRESS (Street)			FAX
1100 Nuuanu Ave #6			EMAIL
			<a href="mailto:garrett@hawaiidispensaryalliance.org">garrett@hawaiidispensaryalliance.org</a>
(City)	(State)	(Zip Code)	
Honolulu	HI	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**

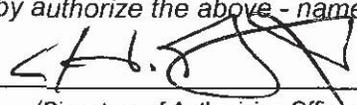
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

 \_\_\_\_\_ 10/20/15  
 (Signature of Lobbyist) (Date)

**PART V AUTHORIZATION TO LOBBY**

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Christopher Garth		Executive Director	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Hawaii Dispensary Alliance		(808)351-8733	
MAILING ADDRESS (Street)		FAX	
1100 Nuuanu Ave. #6		EMAIL	
		christopher@hawaiidispensaryalliance.org	
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96817	

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

 \_\_\_\_\_ 10/20/2015  
 (Signature of Authorizing Officer or Person Represented) (Date)