**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
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 Web site: www.hawaii.gov/ethics

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STATE OF HAWAII
STATE ETHICS COMMISSION

NOTE: This is a public document.

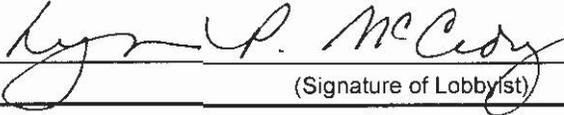
LOBBYIST REGISTRATION FORM

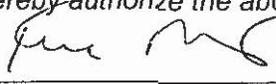
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
McCrary	Lynn	P.	808-639-8442
MAILING ADDRESS (Street)			FAX 808-566-6927
733 Bishop Street, Suite 2000			EMAIL lmccrary@pulamalanai.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
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)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Pulama Lanai			808-237-2001
MAILING ADDRESS (Street)			FAX 808-566-6927
733 Bishop Street, Suite 2000			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Lynn P. McCrary			808-639-8442
MAILING ADDRESS (Street)			FAX 808-566-6927
733 Bishop Street, Suite 2000			EMAIL lmccrary@pulamalanai.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input checked="" type="checkbox"/> Agriculture	<input 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 type="checkbox"/> Intergovernmental Relations, International Affairs	<input checked="" type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input checked="" type="checkbox"/> Transportation
<input checked="" type="checkbox"/> Culture, Arts, Historic Preservation	<input 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 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>	
	<u>12-30-15</u>
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Kurt Matsumoto	Chief Operating Officer	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
Pulama Lanai	808-237-2205	
MAILING ADDRESS (Street)	FAX	
733 Bishop Street, Suite 2000	808-566-6927	
	EMAIL	
	kmatsumoto@pulamalanai.com	
(City)	(State)	(Zip Code)
Honolulu	HI	96813
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
	<u>12/30/15</u>	
(Signature of Authorizing Officer or Person Represented)	(Date)	