



**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)

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NOTE: This is a public document.

**LOBBYIST REGISTRATION FORM** STATE OF HAWAII  
STATE ETHICS COMMISSION  
(Type or Print Clearly)

|   |         |            |                               |
|---|---------|------------|-------------------------------|
| <b>PART I LOBBYIST</b>  |         |            |                               |
| NAME (Last)   | (First) | (Middle)   | TELEPHONE                     |
| Lee   | Peter   | H.M.       | (808) 845-3238 ext. 2         |
| MAILING ADDRESS (Street)  |         |            | FAX (808) 845-8300            |
| 650 Iwilei Road, Suite 285  |         |            | EMAIL<br>plee@hawaiilecet.org |
| (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                     |
| MAILING ADDRESS (Street)  |         |            | FAX                           |
|   |         |            | EMAIL                         |
| (City)  | (State) | (Zip Code) |                               |

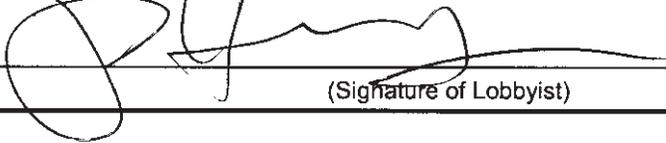
|  |         |            |                                  |
|--|---------|------------|----------------------------------|
| <b>PART II ORGANIZATION</b>  |         |            |                                  |
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)                         |         |            | TELEPHONE                        |
| Hawaii Laborers-Employers Cooperation and Education Trust (LECET)              |         |            | (808) 845-3238 ext. 2            |
| MAILING ADDRESS (Street)   |         |            | FAX (808) 845-8300               |
| 650 Iwilei Road, Suite 285   |         |            | EMAIL<br>plee@hawaiilecet.org    |
| (City)   | (State) | (Zip Code) |                                  |
| Honolulu   | HI      | 96817      |                                  |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT |         |            | TELEPHONE                        |
| Joy Y.N. Kimura  |         |            | (808) 845-3238 ext. 3            |
| MAILING ADDRESS (Street)   |         |            | FAX (808) 845-8300               |
| 650 Iwilei Road, Suite 285   |         |            | EMAIL<br>jkimura@hawaiilecet.org |
| (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 checked="" type="checkbox"/> Hawaiian Affairs               | <input checked="" type="checkbox"/> Labor & Employment                                 | <input checked="" type="checkbox"/> Transportation                             |
| <input checked="" 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)

Jan. 7, 2016  
 \_\_\_\_\_  
 (Date)

**PART V AUTHORIZATION TO LOBBY**

|   |         |  |  |
|---|---------|--|--|
| NAME  |         | TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED |  |
| Clyde T. Hayashi  |         | Director   |  |
| NAME OF ORGANIZATION (if applicable)                              |         | TELEPHONE  |  |
| Hawaii Laborers-Employers Cooperation and Education Trust (LECET) |         | (808) 845-3238 ext. 1                              |  |
| MAILING ADDRESS (Street)  |         | FAX (808) 845-8300                                 |  |
| 650 Iwilei Road, Suite 285  |         | EMAIL<br>chayashi@hawaiilecet.org                  |  |
| (City)  | (State) | (Zip Code)   |  |
| Honolulu  | HI      | 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)

\_\_\_\_\_  
 (Date)