



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
Lee	Ryan	Wade	808-896-5171
MAILING ADDRESS (Street)			FAX
4477 Sierra Dr.			EMAIL Ryan@brothers27.com
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96816	
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
Haloa Aina LLC / XXXXXXXXXX			808-896-5171
MAILING ADDRESS (Street)			FAX
P.O. Box 1677			EMAIL Ryan@brothers27.com
45-574 Plumeria st.			(Zip Code)
(City)	(State)	(Zip Code)	
Honoka'a	Hawaii	96727	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Mary Sue Joyce			808-775-1914
MAILING ADDRESS (Street)			FAX
P.O. Box 1677			EMAIL MarySueJC@haloaaina.com
45-574 Plumeria st.			(Zip Code)
(City)	(State)	(Zip Code)	
Honoka'a	Hawaii	96727	

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 type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input checked="" type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input checked="" type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input 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.

Wade Lee 1-20-16

(Signature of Lobbyist) (Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Halooa Aina LLC			
NAME OF ORGANIZATION (if applicable) P.O. Box 1677 45-574 Plumeria St.		TELEPHONE (808) 775-1914	
MAILING ADDRESS (Street)		FAX (808) 775-1940	
Honokaa	Hawaii	96727	EMAIL WadeLee@halooaainalua.com
(City)	(State)	(Zip Code)	

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

Wade Lee 1-20-2016

(Signature of Authorizing Officer or Person Represented) (Date)