



HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813

or P.O. BOX 616, HONOLULU, HAWAII 96809

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Web site: www.hawaii.gov/ethics

THIS SPACE FOR OFFICE USE ONLY

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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
Carey III	W	David	808 921 6650
MAILING ADDRESS (Street)			FAX
2375 Kuhio Ave			EMAIL
			david.carey@outrigger.com
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96815	
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
Outrigger Enterprises Group		
MAILING ADDRESS (Street)		FAX
2375 Kuhio Ave		EMAIL
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96815
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Max J Sword		808 921 6606
MAILING ADDRESS (Street)		FAX
2375 Kuhio Ave		EMAIL
		max.sword@outrigger.com
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96815

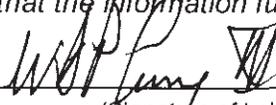
RECEIVED BY U.S. MAIL

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input checked="" 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 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 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 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.



 (Signature of Lobbyist)

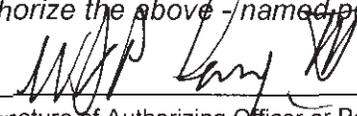
1/29/15

 (Date)

PART V AUTHORIZATION TO LOBBY

NAME W David Carey III		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President & CEO	
NAME OF ORGANIZATION (if applicable) Outrigger Enterprises Group		TELEPHONE 808 921 6650	
MAILING ADDRESS (Street) 2375 Kuhio Ave		FAX	
(City) Honolulu		EMAIL david.carey@outrigger.com	
(State) Hawaii		(Zip Code) 96815	

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



 (Signature of Authorizing Officer or Person Represented)

1/29/15

 (Date)