

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@bawaiiethics.org

email: ethics@hawaiiethics.org Web site: www.hawaii.gov/ethics

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

PARTI LOBBYIST NAME (Last) (First) (Middle) **TELEPHONE** Louie Mark David MAILING ADDRESS (Street) FAX **EMAIL** (City) (State) (Zip Code) EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) **TELEPHONE** Kobayashi Sugita & Goda, LLP (808) 535-5700 MAILING ADDRESS (Street) FAX (808) 535-5799 999 Bishop Street, Suite 2600 **EMAIL** dml@ksglaw.com (Zip Code) (City) (State) Honolulu Hawaii 96813

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE (415) 389-6800 FAX (415) 388-6874 EMAIL facebook@nmgovlaw.com
Facebook, Inc.		
MAILING ADDRESS (Street) c/o 2350 Kerner Blvd., Suite 250		
San Rafael	CA	94901
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Elli Abdoli		(415) 389-6800
MAILING ADDRESS (Street)		FAX (415) 388-6874
c/o 2350 Kerner Blvd., Suite 250		EMAIL facebook@nmgovlaw.com
(City)	(State)	(Zip Code)
San Rafael	CA	94901

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
☐ Agriculture	Education	☐ Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	 Intergovernmental Relations, International Affairs 	☐ Tourism & Recreation		
Consumer Protection & Commerce	Mawaiian Affairs	Labor & Employment	☐ Transportation		
Culture. Arts, Historic Preservation	☐ Health	Planning, Land & Water Use Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections			
	N OF LOBBYIST				
I hereby certify that the	information furnished abov	ve is, to the best of my knowled	dge, correct and complete.		
$(\mathcal{T}(\mathcal{X}))$					
(Signature of Lobbyist)			(Date)		
PART V AUTHORIZATION	ON TO LOBBY				
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
Ellí Abdoli	Designated Agent for Filer				
NAME OF ORGANIZATION (if ap	oplicable)		TELEPHONE		
Facebook, Inc.		{(415) 389-6800		
MAILING ADDRESS (Street)		FAX (415) 388-6874			
c/o 2350 Kerner Blvd., Suite 250			EMAIL facebook@nmgovlaw.com		
(City)	(State)		(Zip Code)		
San Rafael	CA		94901		
I hereby authorize the a	above - named person to e	ngage in lobbying activities on	behalf of the undersigned.		

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(Date)

(Signature of Authorizing Officer or Person Represented)