

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, STE. 970, HONOLULU, HI 96813

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STATE OF MANAGE STATE THILS COMBISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly) PART I LOBBYIST NAME (Last) (First) (Middle) TELEPHONE Louie David MAILING ADDRESS (Street) FAX **EMAIL** (City) (State) (Zip Code) EMPLOYING ORGANIZATION (Fili in only if you are employed by a business entity which has been retained to lobby) TELEPHONE Kobyashi, Sugita & Goda, LLP 808-535-5700 MAILING ADDRESS (Street) FAX 808-535-5799 999 Bishop Street, Suite 2600 dmi@ksglaw.com (City) (State) (Zip Code) Honolulu HI 96813

PART II ORGANIZATIO	N	
NAME OF ORGANIZATION YOU	TELEPHONE	
Facebook, Inc.	415-903-2800	
MAILING ADDRESS (Street)		FAX 415-610-7604
c/o 28 Liberty Ship Way Suite 2815		EMAIL facebook@politicomlaw.com
(City)	(State)	(Zip Code)
Sausalito	CA	94965
NAME OF PERSON RESPONSIBLE	TELEPHONE	
Darrin Lim		415-903-2800
MAILING ADDRESS (Street)		FAX 415-610-7604
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(City)	(State)	(Zip Code)
Sausalito	California	94965

LREG 01/2017

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	Haweilan Affairs	☐ Labor & Employment	☐ Transportation		
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & Water Use Management	Other: (Indicate below) Technology		
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections			
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PART IV CERTIFICATION OF LOBBYIST					
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
02/02/2018					
(Signature of Lobbyist)			(Date)		
PART V AUTHORIZATION TO LOBBY					
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
Darrin Lim	Agent for Facebook Inc.				
NAME OF ORGANIZATION (if applicable)			TELEPHONE		
Facebook Inc.		415-903-2800			
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MAILING ADDRESS (Street)		FAX 415-610-7604			
28 Liberty Ship Way Suite 2815			EMAIL dlim@politicomlaw.com		
(City)	(State)	**************************************	(Zip Code)		
Sausalito /	California /		94965		
I hereby authorize; the above - named person to engage in lobbying activities on behalf of the undersigned.					
1/2/12					
131/19					
(Signature of Authorizing Officer or Person Represented)			(Ďate)		