

RECEIVED

LOBBYIST REGISTRATION STATEMENT 9 AUG -9 A11 :22

You must file this statement with the Office of the County Clerk if you are an individual who for pay or other consideration engages in lobbying on behalf of another person, or organization, for more than five (5) hours in any month or spends more than \$750 lobbying during any reporting period (January 1st through December 31st of the previous year). NOTE THAT THIS IS A PUBLIC DOCUMENT.

(Type or Print Clearly)									
NAME Last	First		Middle						
Kobayashi	Ryan		K						
BUSINESS MAILING ADDRESS	Street	City	State	Zip Code					
1617 Palama Street Honolulu Ha	awaii 96817								
TELEPHONE NO.	E-MAIL								
808-841-5877	rkobayashi@l	ocal368.or	g						
NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (do not abbreviate) Hawaii Laborers' Union									
BUSINESS MAILING ADDRESS 1617 Palama Street Honolulu Haw	Street aii 96817	City	State	Zip Code					
BUSINESS TELEPHONE NO. 808-841-5877									

	SUBJECT AREAS OF LOBBYING (Bill/Resolution Number(s), Agenda Item(s), and/or Topic(s))	
Building Codes		
Housing		
Infrastructure		
Construction		

	CERTIFIC	CATION O	F LOBBY	IST			
I hereby certify that the information fu	rnished ab	ove is, to th	e best of m	y knowl	ledge, correct and complete.		
Deck C	8/5/19						
(Signature of Dobbyist)			(Date) '				
AUTHORIZATION TO LOBBY							
NAME Peter Ganaban	TITLE OF AUTHORIZING OFFICER OF PERSON REPRESENTED Business Manager/Secretary-Treasurer						
NAME OF ORGANIZATION (if applic Hawaii Laborers' Union	able)				TELEPHONE NO. 808-841-5877		
ADDRESS OF ORGANIZATION OR P 1617 Palama Street Honolulu Hawaii 9		Street	City	Stat	te Zip Code		
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.							
BEDEED	>		BE	5/19)		
(Signature of Authorizing Officer)			(Date)	1			
06/24/16							