



HONOLULU ETHICS COMMISSION
 925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768
 Email: ethics@honolulu.gov
 Website: <http://www.honolulu.gov/ethics/>

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HONOLULU
 ETHICS COMMISSION
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91-27-20

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2020 REGISTRATION

Lobbyist Registration
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Chapman, Alexis		
LOBBYIST FIRM/EMPLOYER (if applicable)	TELEPHONE 808 3586 753	
MAILING ADDRESS (No. and Street or P.O. Box) 91-617 Kilaha St, Unit 59	FAX	
	EMAIL AlexisAPChapman@gmail.com	
(City) Ewa Beach	(State) HI	(Zip Code) 96706

PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Food Industry Association		TELEPHONE 808 533 1292
MAILING ADDRESS (No. and Street or P.O. Box) 1050 Bishop St, PMB 235	FAX 808 791 0702	
	EMAIL Info@HawaiiFood.com	
(City) Honolulu	(State) HI	(Zip Code) 96813
ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members) 200 <input type="checkbox"/> Not Applicable		
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS Government Relations Committee votes on policy decisions. <input type="checkbox"/> Not Applicable		

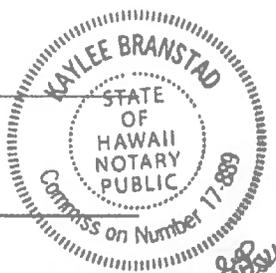
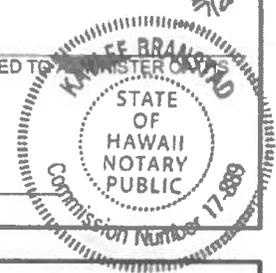
PART II.B NO LONGER LOBBYING	
<input type="checkbox"/> I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

<input checked="" type="checkbox"/> Business & Economic Development	<input checked="" type="checkbox"/> Community Services	<input checked="" type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input checked="" type="checkbox"/> Public Health, Safety & Welfare	<input checked="" type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p></p> <p>LOBBYIST SIGNATURE</p> <p>1/23/20</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>23</u> day of <u>January</u>, 2020.</p> <p>By: <u>Kaylee Branstad</u></p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO</p> <p>My commission expires: <u>01/25/2021</u></p>
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PART V AUTHORIZATION TO LOBBY

NAME Lauren Zirbel	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Executive Director
NAME OF ORGANIZATION (if applicable) Hawaii Food Industry Association	TELEPHONE 808 533 1292
MAILING ADDRESS (No. and Street or P.O. Box) 1050 Bishop St, PMB 235	FAX 808 791 0702
	EMAIL Info@HawaiiFood.com
(City) Honolulu	(State) HI
	(Zip Code) 96813-3302
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>	
<u>Lauren Zirbel</u>	1/21/20
(Signature of Authorizing Officer or Person Represented)	(Date)

Doc. Date: <u>1/23/20</u>	# Pages: <u>2</u>
Notary Name: <u>Kaylee Branstad</u>	<u>1</u> Circuit
Doc. Description: <u>Registration</u>	
<u>Kaylee Branstad</u>	<u>1/23/20</u>
Notary Signature	Date