



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

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

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HONOLULU  
 ETHICS COMMISSION  
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## 2020 REGISTRATION

Lobbyist Registration  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Iosua, Michael L.		
LOBBYIST FIRM/EMPLOYER (if applicable) Imanaka Asato, LLLC		TELEPHONE (808) 521-9500
MAILING ADDRESS (No. and Street or P.O. Box) 745 Fort Street Mall, 17th Floor		FAX (808) 541-9050
		EMAIL <a href="mailto:miosua@imanaka-asato.com">miosua@imanaka-asato.com</a>
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) AES US Services, LLC		TELEPHONE 317-261-8261
MAILING ADDRESS (No. and Street or P.O. Box) 1 Monument Circle		FAX
		EMAIL
(City) Indianapolis	(State) IN	(Zip Code) 46204
ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)		<input checked="" type="checkbox"/> Not Applicable
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		<input checked="" 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 type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input 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>LOBBYIST SIGNATURE</p> <p>April 2, 2020 DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>2nd</u> day of <u>April</u>, <u>2020</u>.</p> <p>By: <u>Charmin Rose</u></p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>7/25/2021</u></p> 
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**PART V AUTHORIZATION TO LOBBY**

NAME Lisa Krueger		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President	
NAME OF ORGANIZATION (if applicable) AES US Services, LLC		TELEPHONE 317-261-8261	
MAILING ADDRESS (No. and Street or P.O. Box) 1 Monument Circle		FAX	
(City) Indianapolis		EMAIL lisa.krueger@aes.com	
(State) IN		(Zip Code) 46204	
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>			
<u>Lisa Krueger</u> (Signature of Authorizing Officer or Person Represented)		<u>5/19/2020</u> (Date)	