



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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2020 REGISTRATION

Lobbyist Registration
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Yoshimoto, Kimberley W.		
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 kyoshimoto@imanaka-asato.com
(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

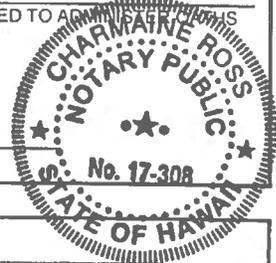
PART II.B NO LONGER LOBBYING	
<input type="checkbox"/> I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE

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 hereby certify that the foregoing statements are true and correct.</p> <p><i>Kimberly Key</i> _____ 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>, 2020.</p> <p>By: <i>Charmaine Rose</i> _____ NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER THIS</p> <p>My commission expires: 7/25/2021</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	
		EMAIL lisa.krueger@aes.com	
(City) Indianapolis	(State) IN	(Zip Code) 46204	
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.			
<i>Lisa Krueger</i> _____ (Signature of Authorizing Officer or Person Represented)		5/19/2020 _____ (Date)	