HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSION

A39

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
Artates	Perry	O.	(808)871-0909
MAILING ADDRESS (Street)			FAX
95 Long Avenue: Sts. 104			(808)871-0797
(City)	(State)	(Zip Code)	
Kahului	HI	96732	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Hawaii Operating Engineers Industry Stabilization Fund			(808)845-6221
MAILING ADDRESS (Street)			FAX
1432 Middle Street			(808)847-8048
(City)	(State)	(Zip Code)	
Honolulu	HI	96819	

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Operating Engineers Industry Stabilization Fund			(808)845-6221
MAILING ADDRESS (Street)			FAX
1432 Middle Street			(808)847-8048
(City)	(State)	(Zip Code)	
Honolulu	HI	96819	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
John Sweeney			(510)337-3300
MAILING ADDRESS (Street)			FAX
1640 South Loop Road			(510)337-3373
(City)	(State)	(Zip Code)	
Alameda	CA	94502	

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Signature Block

(Signature of Lobbyist) 2-14-05 (Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Adrian Kechokalole	H.O.E.I.S.F. Administrator

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Hawaii Operating Engineers Industry Stabilization Fund	(808)845-6221
MAILING ADDRESS (Street)	FAX
1432 Middle Street	(808)847-8048

(City)	(State)	(Zip Code)
Honolulu	HI	96819

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

Signature Block

(Signature of Authorizing Officer or Person Represented) O"BRIEN 2.10.2005 (Date)