THIS SPACE FOR OFFICE USE ONLY

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

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
Monet	Sharyn	Stephani	531-1628
MAILING ADDRESS (Street)			FAX
c/o HNA 677 Ala Moana Blvd, #301			524-2760
(City)	(State)	(Zip Code)	
Honolulu, Hawaii 96813			
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Nurses Association			531-1628
MAILING ADDRESS (Street)			FAX
677 Ala Moana Blvd, Ste. 301			524-2760
(City)	(State)	(Zip Code)	
Honolulu Hawaii 96813			
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Sharyn Stephani Monet			531-1628
MAILING ADDRESS (Street)			FAX
677 Ala Moana Blvd, Ste 301			524-2760
(City)	(State)	(Zip Code)	
Honolulu, Hawaii 96813			

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) 1-31-05 (Date)

PART V AUTHORIZATION TO LOBBY

NAME: Sharyn Stephani Monet

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED: Acting Executive Director

NAME OF ORGANIZATION (if applicable): Hawaii Nurses Association

TELEPHONE: 531-1628

MAILING ADDRESS (Street): 677 Ala Moana Blvd, Ste. 301

FAX: 524-2760

(City): Honolulu (State): Hawaii (Zip Code): 96813

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) 1-31-05 (Date)