



HAWAII STATE ETHICS COMMISSION
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NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

STATE OF HAWAII
 STATE ETHICS COMMISSION

PART I LOBBYIST		
NAME (Last) Amemiya	(First) Ron	(Middle)
TELEPHONE 671-4344		
MAILING ADDRESS (Street) 45-650 Kapunahala Road		FAX
EMAIL 		
(City) Kaneohe	(State) HI	(Zip Code) 96744
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)		TELEPHONE
MAILING ADDRESS (Street)		FAX
EMAIL 		
(City)	(State)	(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) HI Ironworkers Stabilization Fund		TELEPHONE 671-4344
MAILING ADDRESS (Street) 94-497 Ukee Street		FAX 671-6901
EMAIL stab625@yahoo.com		
(City) Waipahu	(State) HI	(Zip Code) 96797
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Arnold Wong		TELEPHONE 671-4344
MAILING ADDRESS (Street) Same as above		FAX 671-6901
EMAIL stab625@yahoo.com		
(City)	(State)	(Zip Code)

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Agriculture | <input checked="" type="checkbox"/> Education | <input checked="" type="checkbox"/> Human Services | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input checked="" type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operation & Finance | <input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs | <input checked="" type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input checked="" type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input checked="" type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input checked="" type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input checked="" type="checkbox"/> Housing | <input checked="" type="checkbox"/> 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.

Ronald G. Amemiya

01/02/12

(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Arnold Wong		Director	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
HI Ironworkers Stabilization Fund		671-4344	
MAILING ADDRESS (Street)		FAX	
94-497 Ukee Street		671-6901	
		EMAIL	
		stab625@yahoo.com	
(City)	(State)	(Zip Code)	
Waipahu	HI	96701	

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

[Signature]

1/2/12

(Signature of Authorizing Officer or Person Represented)

(Date)