



HAWAII STATE ETHICS COMMISSION

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*15 FEB -9 P2 :04

NOTE: This is a public document.

LOBBYIST REGISTRATION FORM
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) Monis	(First) John	(Middle) R.	TELEPHONE 845-6221
MAILING ADDRESS (Street) 1075 Opakapaka St.		FAX 682-5787	
		EMAIL john@hoeisf.com	
(City) Kapolei	(State) HI	(Zip Code) 96707	
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)	
Kapolei	HI	96707	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Operating Engineers Industry Stabilization Fund			TELEPHONE 845-6221
MAILING ADDRESS (Street) 1075 Opakapaka St.		FAX 682-5787	
		EMAIL john@hoeisf.com	
(City) Kapolei	(State) HI	(Zip Code) 96707	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Darolee Prewitt			TELEPHONE 845-6221
MAILING ADDRESS (Street) 1075 Opakapaka St.		FAX 682-5787	
		EMAIL darolee@hoeisf.com	
(City) Kapolei	(State) HI	(Zip Code) 96707	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|--|--|---|
| <input checked="" type="checkbox"/> Agriculture | <input checked="" type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input 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 type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input checked="" type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input checked="" type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input 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.

John R. Monis
(Signature of Lobbyist)

2-9-15
(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
John R. Monis	Executive Director

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Hawaii Operating Engineers Industry Stabilization Fund	845-6221

MAILING ADDRESS (Street)	FAX
1075 Opakapaka St.	682-5787
	EMAIL
	john@hoeisf.com

(City)	(State)	(Zip Code)
Kapolei	HI	96707

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

John R. Monis
(Signature of Authorizing Officer or Person Represented)

2-9-15
(Date)