

**HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, HONOLULU, HAWAII 96813
 or P.O. BOX 616, HONOLULU, HAWAII 96809
 TEL: (808) 587-0460 FAX: (808) 587-0470
 email: ethics@hawaiiethics.org
 Web site: www.hawaii.gov/ethics

THIS SPACE FOR OFFICE USE ONLY

*15 FEB -4 A11 :30

STATE OF HAWAII
STATE ETHICS COMMISSION

NOTE: This is a public document.

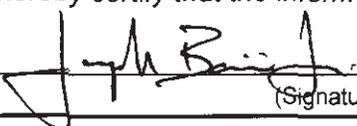
LOBBYIST REGISTRATION FORM

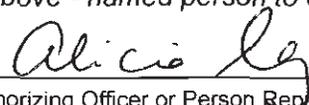
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Boivin	Joseph	J.	(808) 535-5934
MAILING ADDRESS (Street)			FAX (808) 535-5943
745 Fort Street Mall, Suite 1800			EMAIL jboivin@hawaiigas.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
The Gas Company, LLC dba Hawaii Gas			(808) 535-5900
MAILING ADDRESS (Street)			FAX (808) 535-5943
745 Fort Street Mall, Suite 1800			EMAIL hawaiigas.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART II ORGANIZATION	
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
The Gas Company, LLC dba Hawaii Gas	(808) 535-5934
MAILING ADDRESS (Street)	FAX same as above
same as above	EMAIL hawaiigas.com
(City)	(State)
same as above	(Zip Code)
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
Joseph J. Boivin	(808) 535-5934
MAILING ADDRESS (Street)	FAX same as above
same as above	EMAIL jboivin@hawaiigas.com
(City)	(State)
same as above	(Zip Code)

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input checked="" type="checkbox"/> Science, Technology & Economic Development
<input checked="" type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input checked="" type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input checked="" type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Safety & Corrections	_____

PART IV CERTIFICATION OF LOBBYIST	
<i>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
 _____ (Signature of Lobbyist)	<u>1/29/15</u> _____ (Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Alicia Moy	President & CEO	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
The Gas Company, LLC dba Hawaii Gas	(808) 535-4700	
MAILING ADDRESS (Street)	FAX	
745 Fort Street Mall, Suite 1800	(808) 535-5943	
	EMAIL	
	amoy@hawaiigas.com	
(City)	(State)	(Zip Code)
Honolulu	HI	96813
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
 _____ (Signature of Authorizing Officer or Person Represented)	<u>1/30/15</u> _____ (Date)	