



HONOLULU ETHICS COMMISSION
 925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768
 Email: ethics@honolulu.gov
 Website: <http://www.honolulu.gov/ethics/>

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 ETHICS COMMISSION
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2019 REGISTRATION

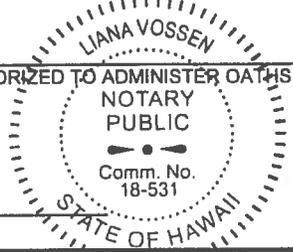
Lobbyist Registration
 (Type or Print Clearly)

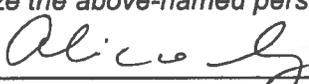
PART I LOBBYIST		
NAME (Last) (First) (Middle) Moy, Alicia E.		
LOBBYIST FIRM/EMPLOYER (if applicable) Hawaii Gas		TELEPHONE 808-535-4700
MAILING ADDRESS (No. and Street or P.O. Box) 745 Fort Street Suite 1800		FAX 808-535-5943
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Gas		TELEPHONE 808-535-4700
MAILING ADDRESS (No. and Street or P.O. Box) 745 Fort Street Suite 1800		FAX 808-535-5943
		EMAIL amoy@hawaiigas.com
(City) Honolulu	(State) HI	(Zip Code) 96813
ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)		<input checked="" type="checkbox"/> Not Applicable
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		<input checked="" type="checkbox"/> Not Applicable

PART II.B NO LONGER LOBBYING	
<input type="checkbox"/> I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY		
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART IV LOBBYIST CERTIFICATION	
<i>I hereby certify that the foregoing statements are true and correct.</i>  _____ LOBBYIST SIGNATURE _____ 10/31/19 DATE	Subscribed and sworn to before me This <u>31</u> day of <u>OCTOBER</u> , 20 <u>19</u> . By:  LIANA VOSSEN NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS NOTARY PUBLIC Comm. No. 18-531 My commission expires: SEP 23 2022 

PART V AUTHORIZATION TO LOBBY		
NAME Alicia E. Moy	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President/CEO	
NAME OF ORGANIZATION (if applicable) Hawaii Gas	TELEPHONE 808-535-4700	
MAILING ADDRESS (No. and Street or P.O. Box) 745 Fort Street Suite 1800	FAX 808-535-5943	EMAIL amoy@hawaiigas.com
	(City) Honolulu	(State) HI
<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)		
		_____ 10/31/19 (Date)