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## LOBBYIST REGISTRATION STATEMENT GEFICE OF

You must file this statement with the Office of the County Clerk if you are an individual who for pay or other consideration engages in lobbying on behalf of another person, or organization, for more than five (5) hours in any month or spends more than \$750 lobbying during any reporting period (January 1st through December 31st of the previous year). NOTE THAT THIS IS A PUBLIC DOCUMENT.

		(Type or Prin	t Clearly)		
NAME	Last Meatoga III	First Pane		Middle	
BUSINESS	MAILING ADDRESS	Street	City	State	Zip Code
	2	181 Lauwiliwili S	t. Kapolei	Hawaii	96707
TELEPHON 808-583-39	914	E-MAIL pmeatoga3@	pe3.org		
operating	ERSON OR ORGANIZAT Engineers Local 3	ION YOU LOBBY	FOR (do not al	obreviate)	
BUSINESS I	MAILING ADDRESS 218	Street 1 Lauwiliwili St.	City Kapolei	State Hawaii	Zip Code 96707
BUSINESS 7 808-682-87	TELEPHONE NO. 741				00107

## SUBJECT AREAS OF LOBBYING

(Bill/Resolution Number(s), Agenda Item(s), and/or Topic(s))

Construction Project, Labor Law, County Procurement, Affordable Housing, Budget & Finance

## **CERTIFICATION OF LOBBYIST**

		and a part the part of	
I hereby certify that the inform	nation furnished above is, to the	e best of my know	wledge, correct and complete.
Fin Mitzz	N	1/0	129
(Signature of Lobbyist)		(Date)	1

	AUTHORIZATIO	N TO LOBB	Y			
NAME TITLE OF AUTHORIZING OFFICER OF PERSON REPRESENTED   Ana Tuiasosopo District Representative						
NAME OF ORGANIZATION (if applicable)TELEPHONE NO.Operating Engineers Local 3808-845-6221						
ADDRESS OF ORGANIZATION OR I	PERSON Street 2181 Lauwiliwili St.	City Kapolei	State Hawaii	Zip Code 96707		
I hereby authorize the above named person to en (Signature of Authorizing Officer)	gage in lobbying activitie 	ns on behalf of the (Date)	undersigned			