



**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](mailto:ethics@hawaiiethics.org)  
 Web site: [www.hawaii.gov/ethics](http://www.hawaii.gov/ethics)

THIS SPACE FOR OFFICE USE ONLY

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NOTE: This is a public document.

**LOBBYIST REGISTRATION FORM** STATE OF HAWAII  
 STATE ETHICS COMMISSION  
 (Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Matsuura	Scott	A.	927-0619
MAILING ADDRESS (Street)			FAX
21 Hapua Place			EMAIL smatsu@live.com
(City)	(State)	(Zip Code)	
Wailuku	Hawaii	96793	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
SPJ Consulting LLC			927-0619
MAILING ADDRESS (Street)			FAX
P.O. Box 17885			EMAIL smatsu@live.com
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96817	

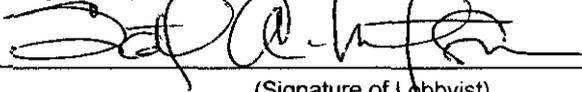
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Kauai Island Utility Cooperative			246-8208
MAILING ADDRESS (Street)			FAX 246-4344
4463 Pahe'e Street, Suite 1			EMAIL myamane@kiuc.coop
(City)	(State)	(Zip Code)	
Lihu'e	Hawaii	96766	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Michael Yamane			246-8208
MAILING ADDRESS (Street)			FAX 246-4344
4463 Pahe'e Street, Suite 1			EMAIL myamane@kiuc.coop
(City)	(State)	(Zip Code)	
Lihu'e	Hawaii	96766	

**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.



(Signature of Lobbyist)

1/3/13

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Michael Yamane		Chief of Operations	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Kauai Island Utility Cooperative		246-8208	
MAILING ADDRESS (Street)		FAX 246-4344	
4463 Pahe'e Street, Suite 1		EMAIL myamane@kiuc.coop	
(City)	(State)	(Zip Code)	
Lihu'e	Hawaii	96866	

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



(Signature of Authorizing Officer or Person Represented)

1/11/13

(Date)