

**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)

<b>PART I LOBBYIST</b>			
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
JS Hawaii Consulting LLC			927-0619
MAILING ADDRESS (Street)			FAX
P.O. Box 17885			EMAIL
			smatsu@live.com
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96817	

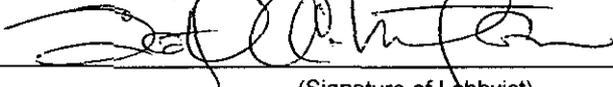
<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
County of Kauai			241-4922
MAILING ADDRESS (Street)			FAX 241-5127
4444 Rice Street, Suite 150			EMAIL
			pmorikami@kauai.gov
(City)	(State)	(Zip Code)	
Lihue	Hawaii	96766	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Paula M. Morikami			241-4922
MAILING ADDRESS (Street)			FAX 241-5127
4444 Rice Street, Suite 150			EMAIL
			pmorikami@kauai.gov
(City)	(State)	(Zip Code)	
Lihue	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.*



1/3/13

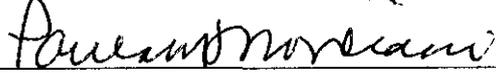
(Signature of Lobbyist)

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME Paula M. Morikami		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Administrator, Office of Borads & Commissions	
NAME OF ORGANIZATION (if applicable) County of Kauai		TELEPHONE 241-4922	
MAILING ADDRESS (Street) 4444 Rice Street, Suite 150		FAX 241-5127	
		EMAIL pmonikami@kauai.gov	
(City) Lihue	(State) Hawaii	(Zip Code) 96866	

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



1/11/2013

(Signature of Authorizing Officer or Person Represented)

(Date)