



HAWAII STATE ETHICS COMMISSION

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NOTE: This is a public document.

LOBBYIST REGISTRATION FORM
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Wong	Sandra-Ann	Y.H.	537-2598
MAILING ADDRESS (Street)			FAX
1050 Bishop Street, #514			EMAIL
			sawonglaw@hawaii.rr.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
Sandra-Ann Y.H. Wong, AAL, ALC			537-2598
MAILING ADDRESS (Street)			FAX
1050 Bishop Street, #514			EMAIL
			sawonglaw@hawaii.rr.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
RevoluSun, LLC and Distributed Energy Partners LLC		532-4401
MAILING ADDRESS (Street)		FAX
1600 Kapiolani Boulevard, Suite 1700		EMAIL
		mark@dephawaii.com
(City)	(State)	(Zip Code)
Honolulu	HI	96814
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Sandra-Ann Y.H. Wong		537-2598
MAILING ADDRESS (Street)		FAX
1050 Bishop Street, #514		EMAIL
		sawonglaw@hawaii.rr.com
(City)	(State)	(Zip Code)
Honolulu	HI	96813

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 type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input 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 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.

Mark Duda

(Signature of Lobbyist)

1/26/2013

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Mark Duda	Principal	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
RevoluSun, LLC and Distributed Energy Partners LLC	532-4401	
MAILING ADDRESS (Street)	FAX	
1600 Kapiolani Boulevard, Suite 1700	EMAIL	
	mark@dephawaii.com	
(City)	(State)	(Zip Code)
Honolulu	HI	96814

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

Mark Duda

(Signature of Authorizing Officer or Person Represented)

1/24/13

(Date)