



HAWAII STATE ETHICS COMMISSION
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THIS SPACE FOR OFFICE USE ONLY

Amended

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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
Takaaze	Melissa	K	808-265-5312
MAILING ADDRESS (Street)			FAX
P.O. Box 38196			EMAIL
			m.takaaze@gmail.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96837	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MK Pacific Consulting			808-265-5312
MAILING ADDRESS (Street)			FAX
see above			EMAIL
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
MK Pacific Consulting			808-265-5312
MAILING ADDRESS (Street)			FAX
see above			EMAIL
(City)	(State)	(Zip Code)	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Melissa Takaaze			808-265-5312
MAILING ADDRESS (Street)			FAX
see above			EMAIL
			m.takaaze@gmail.com
(City)	(State)	(Zip Code)	

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>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
<u>Melissa Takaaze</u>	<u>02/06/13</u>
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Melissa Takaaze	President	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
MK Pacific Consulting	808-265-5312	
MAILING ADDRESS (Street)	FAX	
P.O. Box 38196	EMAIL	
(City)	(State)	(Zip Code)
Honolulu	HI	96837
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
<u>Melissa Takaaze</u>	<u>02/06/2013</u>	
(Signature of Authorizing Officer or Person Represented)	(Date)	