



HAWAII STATE ETHICS COMMISSION
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 TEL: (808) 587-0460 FAX: (808) 587-0470
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STATE OF HAWAII
 STATE ETHICS COMMISSION

NOTE: This is a public document.

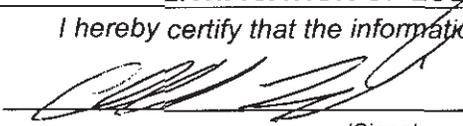
LOBBYIST REGISTRATION FORM

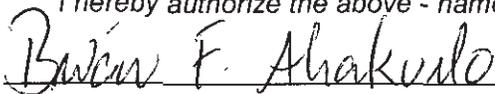
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) TSUNEYOSHI	(First) CHAD	(Middle)
TELEPHONE 808.723.0655		
MAILING ADDRESS (Street) P O Box 10915		FAX 808 .723.3220
EMAIL info@pmachawaii.com		
(City) Honolulu	(State) HI	(Zip Code) 96816
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)		TELEPHONE
MAILING ADDRESS (Street)		FAX
EMAIL		
(City)	(State)	(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) I.B.E.W. Local Union 1260	TELEPHONE 808.941.9445	
MAILING ADDRESS (Street) 2305 S. Beretania Street, #101	FAX 808.946.1260	
EMAIL office@ibew1260.org		
(City) Honolulu	(State) HI	(Zip Code) 96826
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Brian F Ahakuelo	TELEPHONE 808.941.9445	
MAILING ADDRESS (Street) same as above	FAX	
EMAIL		
(City)	(State)	(Zip Code)

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 checked="" 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 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.	
	1/14/2014
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY			
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Brian F. Ahakuelo		Bus. Mgr.-Financial Secretary	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
IBEW Local Union 1260		808.941.9445	
MAILING ADDRESS (Street)		FAX 808.946.1260	
2305 S. Beretania Street, #101		EMAIL office@ibew1260.org	
(City)	(State)	(Zip Code)	
Honolulu	HI	96826	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
		JAN 14 2014	
(Signature of Authorizing Officer or Person Represented)		(Date)	