



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
 Web site: www.hawaii.gov/ethics

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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)	(First)	(Middle)	TELEPHONE
Toledo Hamm	J. Nonie		808 372-4444
MAILING ADDRESS (Street)			FAX 866 591-1546
PO Box 283007			EMAIL nonie@toledoassociates.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96814	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Nonie Toledo & Associates			808-372-4444
MAILING ADDRESS (Street)			FAX 866-591-1546
PO Box 283007			EMAIL nonie@toledoassociates.com
(City)	(State)	(Zip Code)	
Honolulu	HI		

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Beacon Power, LLC			978-694-9121
MAILING ADDRESS (Street)			FAX 978-649-7186
65 Middlesex Road			EMAIL
(City)	(State)	(Zip Code)	
Tyngsboro	MA	01879	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Aaron J. Bullwinkel, Vice President & General Counsel			978-694-9121
MAILING ADDRESS (Street)			FAX 978-649-7186
65 Middlesex Road			EMAIL bullwinkel@beaconpower.com
(City)	(State)	(Zip Code)	
Tyngsboro	MA	01879	

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.

J. Nonie Sobel Hamm
(Signature of Lobbyist)

February 5, 2014
(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Aaron J. Bullwinkel		Vice President & General Counsel	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Beacon Power, LLC		978-694-9121	
MAILING ADDRESS (Street)		FAX 978-649-7186	
65 Middlesex Road		EMAIL bullwinkel@beaconpower.com	
(City)	(State)	(Zip Code)	
Tyngsboro	MA	01879	

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

Aaron J. Bullwinkel, Vice President & General Counsel
(Signature of Authorizing Officer or Person Represented)

Feb. 4, 2014
(Date)