



HAWAII STATE ETHICS COMMISSION
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STATE OF HAWAII
 STATE ETHICS COMMISSION

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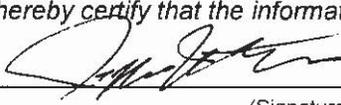
LOBBYIST REGISTRATION FORM

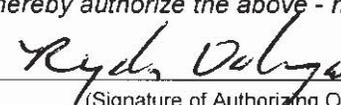
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Masatsugu	Jeffrey	S	808-554-3406
MAILING ADDRESS (Street)			FAX
P.O. Box 22534			EMAIL
			jmas808@gmail.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96823	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
JM Consulting LLC			808-554-3406
MAILING ADDRESS (Street)			FAX
P.O. Box 22534			EMAIL
			jmas808@gmail.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96823	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Tapers Market Recovery Trust Fund			808-523-9411
MAILING ADDRESS (Street)			FAX
222 South Vineyard Boulevard			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Board of Trustees of the Hawaii Tapers Market Recovery Trust Fund c/o Group Plan Administrators,			808-523-9411
MAILING ADDRESS (Street) Inc.			FAX
222 South Vineyard Boulevard			EMAIL
(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 checked="" type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operation & Finance	<input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" 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 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 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.	
	5/27/15
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY	
NAME Ryden Valmoja	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Business Manager / Secretary-Treasurer
NAME OF ORGANIZATION (if applicable) Hawaii Tapers Market Recovery Trust Fund	TELEPHONE 808-523-9411
MAILING ADDRESS (Street) 222 South Vineyard Boulevard	FAX
(City) Honolulu	EMAIL
(State) HI	(Zip Code) 96813
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.	
	5/20/15
(Signature of Authorizing Officer or Person Represented)	(Date)