

**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
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STATE OF HAWAII
STATE ETHICS COMMISSION

NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

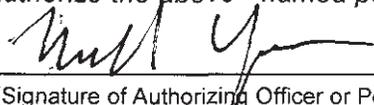
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
KELLY	JIM		(808) 246-4308
MAILING ADDRESS (Street)			FAX (808) 246-4315
4463 PAHEE STREET, SUITE #1			EMAIL
			JKELLY@KIUC.COOP
(City)	(State)	(Zip Code)	
LIHUE	HI	96766	
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)			TELEPHONE
KAUAI ISLAND UTILITY COOPERATIVE			(808) 246-4300
MAILING ADDRESS (Street)			FAX
4463 PAHEE STREET, SUITE #1			EMAIL
(City)	(State)	(Zip Code)	
LIHUE	HI	96766	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
MICHAEL YAMANE			(808) 246-8208
MAILING ADDRESS (Street)			FAX (808) 246-4344
4463 PAHEE STREET, SUITE #1			EMAIL
			MYAMANE@KIUC.COOP
(City)	(State)	(Zip Code)	
LIHUE	HI	96766	

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 checked="" type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" 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>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
	1-7-2016
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
MICHAEL YAMANE	CHIEF OF OPERATIONS	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
KAUAI ISLAND UTILITY COOPERATIVE	(808) 246-8208	
MAILING ADDRESS (Street)	FAX	
4463 PAHEE STREET, SUITE #1	(808) 246-4344	
	EMAIL	
	MYAMANE@KIUC.COOP	
(City)	(State)	(Zip Code)
LIHUE	HI	96766
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
	1/7/2016	
(Signature of Authorizing Officer or Person Represented)	(Date)	