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
Matsuura	Scott	A	927-0619
MAILING ADDRESS (Street)			FAX
21 Hapua Place			EMAIL smatsu@live.com
(City)	(State)		(Zip Code)
Wailuku	Hawaii		96793
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
SPJ Consulting LLC			927-0619
MAILING ADDRESS (Street)			FAX
P.O. Box 17885			EMAIL smatsu@live.com
(City)	(State)		(Zip Code)
Honolulu	Hawaii		96817

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Pelatron Power Elovution, LLC		393-7937
MAILING ADDRESS (Street)		FAX
One Kaumakani Road #450		EMAIL kekoa.mcclellan@pelatronpower.com
(City)	(State)	(Zip Code)
Hanapepe	Hawaii	96716
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Kekoa McClellan		393-7937
MAILING ADDRESS (Street)		FAX
One Kaumakani Road #450		EMAIL kekoa.mcclellan@pelatronpower.com
(City)	(State)	(Zip Code)
Hanapepe	Hawaii	96716

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

☑ Agriculture	☑ Education	☑ Human Services	☑ Science, Technology & Economic Development
☑ Communications & Public Utilities	☑ Government Operation & Finance	☑ Intergovernmental Relations, International Affairs	☐ Tourism & Recreation
☑ Consumer Protection & Commerce	☐ *Hawaiian Affairs*	☑ *Labor & Employment*	☐ *Transportation*
☐ Culture, Arts, Historic Preservation	☑ Health	☑ Planning, Land & Water Use Management	☐ Other: (indicate below)
☑ Ecology, Energy Environmental Protection	☐ Housing	☐ 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.

(Signature of Lobbyist) — (Date) 1/18/16

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Kekoa McClellan	President and CEO

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Pelatron Power Evolution, LLC	393-7937
MAILING ADDRESS (Street)	FAX
One Kaumakani Road #450	EMAIL kekoa.mcclellan@pelatronpower.com

(City)	(State)	(Zip Code)
Hanapepe	Hawaii	96716

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

(Signature of Authorizing Officer or Person Represented) — (Date)