



HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813

or P.O. BOX 616, HONOLULU, HAWAII 96809

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Web site: www.hawaii.gov/ethics

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STATE OF HAWAII
STATE ETHICS COMMISSION

NOTE: This is a public document.

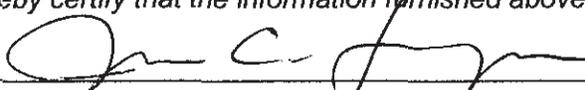
LOBBYIST REGISTRATION FORM

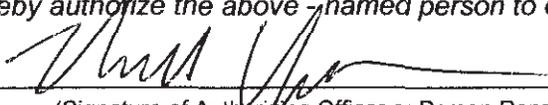
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Pacopac	James	C	220-4121
MAILING ADDRESS (Street)			FAX
2373 Kaululaau Street			EMAIL
			jpacopac@hawaiiantel.net
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
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
Kauai Island Utility Cooperative			246-8208
MAILING ADDRESS (Street)			FAX 246-4344
4463 Pahe'e Street, Suite 1			EMAIL
			myamane@kiuc.coop
(City)	(State)	(Zip Code)	
Lihu'e	Hawaii	96766-2000	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Michael Yamane			246-8208
MAILING ADDRESS (Street)			FAX 246-4344
4463 Pahe'e Street, Suite 1			EMAIL
			myamane@kiuc.coop
(City)	(State)	(Zip Code)	
Lihu'e	Hawaii	96766-2000	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input checked="" type="checkbox"/> Agriculture	<input checked="" type="checkbox"/> Education	<input checked="" type="checkbox"/> Human Services	<input checked="" type="checkbox"/> Science, Technology & Economic Development
<input checked="" 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 checked="" 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>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
	1-19-16
(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	246-8208	
MAILING ADDRESS (Street)	FAX 246-4344	
4463 Pahe'e Street, Suite 1	EMAIL myamane@kiuc.coop	
(City)	(State)	(Zip Code)
Lihu'e	Hawaii	96766-2000
<i>I hereby authorize the above named person to engage in lobbying activities on behalf of the undersigned.</i>		
		
(Signature of Authorizing Officer or Person Represented)	(Date)	