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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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) Oshiro	(First) Blake	(Middle)
TELEPHONE (808) 531-4551		
MAILING ADDRESS (Street) 222 South Vineyard Street, Suite 401		
FAX (808) 533-4601		
EMAIL blake.oshiro@gmail.com		
(City) Honolulu	(State) HI	(Zip Code) 96813-2453
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) Capitol Consultants of Hawaii, LLP.		
TELEPHONE (808) 531-4551		
MAILING ADDRESS (Street) 222 South Vineyard Street, Suite 401		
FAX (808) 533-4601		
EMAIL blake.oshiro@gmail.com		
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Johnson Controls, Inc.		
TELEPHONE (414) 339-4667		
MAILING ADDRESS (Street) 507 E. Michigan Street		
FAX		
EMAIL Sutton.A.Plombon-ext@jci.com		
(City) Milwaukee	(State) WI	(Zip Code) 53202
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Melody Butay Dacanay		
TELEPHONE (808) 531-4551		
MAILING ADDRESS (Street) 222 South Vineyard Street, Suite 401		
FAX (808) 533-4601		
EMAIL melody.butay.dacanay@gmail.com		
(City) Honolulu	(State) HI	(Zip Code) 96813

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) 2/5/16

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Christopher Schulken	Regional Vice President

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Johnson Controls, Inc.	(414) 339-4667
MAILING ADDRESS (Street)	FAX
507 E. Michigan Street	EMAIL Christopher.G.Schulken@jci.com

(City)	(State)	(Zip Code)
Milwaukee	WI	53202

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) 2/2/16