



**HAWAII STATE ETHICS COMMISSION**  
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 or P.O. BOX 616, HONOLULU, HAWAII 96809  
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 STATE OF HAWAII  
 STATE ETHICS COMMISSION

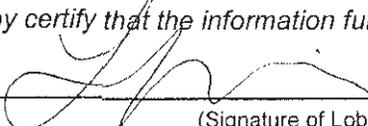
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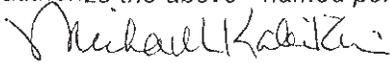
**LOBBYIST REGISTRATION FORM**  
 (Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
Campaniano	Leslie	A.	(808) 544-8300
MAILING ADDRESS (Street)			FAX
999 Bishop Street, Suite 2300			EMAIL
			lcampaniano@wik.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Watanabe Ing LLP			(808) 544-8300
MAILING ADDRESS (Street)			FAX
999 Bishop Street, Suite 2300			EMAIL
			lcampaniano@wik.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Puna Geothermal Venture			(808) 965-2838
MAILING ADDRESS (Street)			FAX
14-3860 Kapoho Pahoa Rd			EMAIL
(City)	(State)	(Zip Code)	
Pahoa	HI	96778	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Mike Kaleikini			(808) 965-2838
MAILING ADDRESS (Street)			FAX
14-3860 Kapoho Pahoa Rd			EMAIL
			mkaleikini@ormat.com
(City)	(State)	(Zip Code)	
Pahoa	HI	96778	

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 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 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>	
	4/4/16
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Mike Kaleikini	Plant Manager	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
Puna Geothermal Venture	(808) 965-2838	
MAILING ADDRESS (Street)	FAX	
14-3860 Kapoho Paho Rd	EMAIL	
(City)	(State)	(Zip Code)
Pahoa	HI	96778
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
	4 April 2016	
(Signature of Authorizing Officer or Person Represented)	(Date)	