



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.

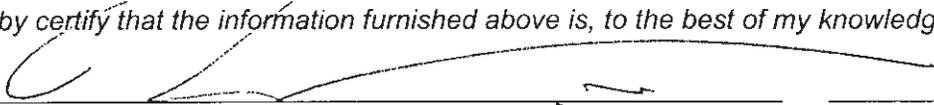
LOBBYIST REGISTRATION FORM

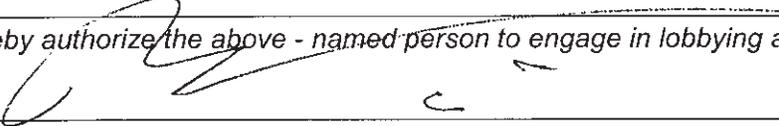
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
McClellan	William	Henry	(808) 629-7000
MAILING ADDRESS (Street)			FAX (808) 629-7099
3375 Koapaka Street, Suite F-200-20			EMAIL
			kekoa.mcclellan@pelatronpower.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96819	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Pelatron Power Evolution, LLC			(808) 629-7000
MAILING ADDRESS (Street)			FAX (808) 629-7099
3375 Koapaka Street, Suite F-200-20			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96819	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Pelatron Q, LLC			(808) 629-7000
MAILING ADDRESS (Street)			FAX (808) 629-7099
3375 Koapaka Street, Suite F-200-20			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96819	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
William Henry McClellan			(808) 629-7000
MAILING ADDRESS (Street)			FAX (808) 629-7099
3375 Koapaka Street, Suite F-200-20			EMAIL
			kekoa.mcclellan@pelatronpower.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96819	

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 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>	
	1-30-15
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
William Henry McClellan	President and CEO	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
Pelatron Q	(808) 629-7000	
MAILING ADDRESS (Street)	FAX	
3375 Koapaka Street, Suite F-200-20	(808) 629-7099	
	EMAIL	
	kekoa.mcclellan@pelatronpower.com	
(City)	(State)	(Zip Code)
Honolulu	HI	96819
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
	1-30-15	
(Signature of Authorizing Officer or Person Represented)	(Date)	