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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Web site: www.hawaii.gov/ethics

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Hamm	Joanne (Nonie)	Toledo	(808)372-4444
MAILING ADDRESS (Street)			FAX (866) 591-1546
PO Box 283007			EMAIL nonie@toledoassociates.com
(City)	(State)		(Zip Code)
Honolulu	Hawaii		96828
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Nonie Toledo & Associates, Inc			(808)372-4444
MAILING ADDRESS (Street)			FAX (866)591-1546
PO Box 283007			EMAIL nonie@toledoassociates.com
(City)	(State)		(Zip Code)
Honolulu	HI		96828

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Champlin Hawaii Wind Holdings, LLC		(805)568-0300
MAILING ADDRESS (Street)		FAX (805)963-1054
PO Box 540		EMAIL
(City)	(State)	(Zip Code)
Santa Barbara	CA	93102
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Michael Cutbirth		(805)568-0300
MAILING ADDRESS (Street)		FAX (805)963-1054
PO Box 540		EMAIL
(City)	(State)	(Zip Code)
Santa Barbara	CA	93102

REC'D BY

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.

Joanne Marie Cutbirth — 2/2/15

(Signature of Lobbyist) (Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Michael Cutbirth	

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Champlin Hawaii Wind Holdings, LLC	805.568.0300
MAILING ADDRESS (Street)	FAX 805.963.1054
PO Box 540	EMAIL

(City)	(State)	(Zip Code)
Santa Barbara	CA	93102

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

Michael Cutbirth — 2/2/15

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