



**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](mailto:ethics@hawaiiethics.org)  
 Web site: [www.hawaii.gov/ethics](http://www.hawaii.gov/ethics)

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STATE OF HAWAII  
 STATE ETHICS COMMISSION

NOTE: This is a public document.

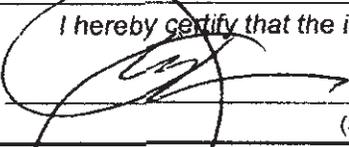
**LOBBYIST REGISTRATION FORM**

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
Lapilio	Joseph	W	(808) 265-3975
MAILING ADDRESS (Street)			FAX
87-151 Liliana Street			EMAIL
			<a href="mailto:josephwlapilio3@gmail.com">josephwlapilio3@gmail.com</a>
(City)	(State)	(Zip Code)	
Waianae	HI	96792	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Pacific Eclipse			(424) 245-0721
MAILING ADDRESS (Street)			FAX
974 Fort Street			EMAIL
			<a href="mailto:michael@pacificeclipse.com">michael@pacificeclipse.com</a>
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Michael Nguyen			(424) 245-0721
MAILING ADDRESS (Street)			FAX
974 Fort Street			EMAIL
			<a href="mailto:michael@pacificeclipse.com">michael@pacificeclipse.com</a>
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

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 checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> 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.	
	February 3, 2015
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Michael Nguyen	Vice-President, Policy and Strategy	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
Pacific Eclipse	(424) 245-0721	
MAILING ADDRESS (Street)	FAX	
974 Fort Street		
	EMAIL	
	michael@pacificeclipse.com	
(City)	(State)	(Zip Code)
Honolulu	HI	96813
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.		
<b>Michael</b>	Digitally signed by Michael Nguyen	February 4, 2015
(Signature of Authorizing Officer or Person Represented)	DN: cn=Michael Nguyen, o=Pacific Eclipse	(Date)
<b>Nguyen</b>	email=michael@pacificeclipse.com, c=US	
	Date: 2015.02.04 23:11:48 -08'00'	