

## HAWAII STATE ETHICS COMMISSION

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STATE FUNDS CONNECTED

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART   LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
lto	Miħoko	E	(808) 539-0400
MAILING ADDRESS (Street)	FAX (808) 533-4945		
First Hawaiian Center, 9	EMAIL mito@awlaw.com		
(City)	(State)		(Zip Code)
Honolulu	Hawaii		96813
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Honolulu	Hawaii		96813

PART II ORGANIZATION						
NAME OF ORGANIZATION YOU L	TELEPHONE					
NORESCO	5086141021 FAX 5088989399					
MAILING ADDRESS (Street)						
1 Research Drive, Suite 400C		EMAIL spelletier@noresco.com				
(City)	(State)	(Zip Code)				
Westborough	MA	01581				
NAME OF PERSON RESPONSIBLE FO	TELEPHONE					
Adam M. Nee .	5086141015					
MAILING ADDRESS (Street)	FAX 5088989399					
1 Research Drive, Suite 40	EMAIL anee@noresco.com					
(City)	(State)	(Zip Code)				
Westborough	MA	01581				

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	C Tourism & Recreation			
Consumer Protection & Commerce	Hawailan 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.						
1//1/2/1	(7)		1/25/2018			
- DOVIOLO L						
(Signature of Lobbyist) (Date)						
PART V AUTHORIZAT	ION TO LOBBY	TITLE OF ALITHODIZING OFFICE	ED OD BEDSON BEDSESENTED			
	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED					
David G. Mannherz	Executive Vice President					
NAME OF ORGANIZATION (if applicable)			TELEPHONE			
NORESCO			5086141000			
MAILING ADDRESS (Street)			FAX 5088989399			
1 Research Drive, Suite 400C			EMAIL			
			dmannherz@noresco.com			
(City)	(State)		(Zip Code)			
Westborough	MA		01581			
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.						
1/2018						
(Signature of Authorizing Officer or Person Represented) (Date)						