THIS SPACE FOR OFFICE USE ONLY

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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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
PACOPAC	JAMES	C.	808-220-4121
MAILING ADDRESS (Street)			FAX
1908 SKYLINE DR			808-595-9191
(City)	(State)	(Zip Code)	
HONOLULU	HAWAII	96817	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
SPO CONSULTING LLC			808-220-4121
MAILING ADDRESS (Street)			FAX
45-248 A PAHIKAUA PL.			
(City)	(State)	(Zip Code)	
KANEOHE	HAWAII	96744	

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
HONOLULU BOARD OF WATER SUPPLY			748-5000
MAILING ADDRESS (Street)			FAX
630 S. BERETANIA STREET			
(City)	(State)	(Zip Code)	
HONOLULU	HAWAII	96843	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Su Shin			748-5311
MAILING ADDRESS (Street)			FAX
630 S. BERETANIA STREET			550-5588
(City)	(State)	(Zip Code)	
HONOLULU	HAWAII	96843	

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture	Education	Human Services	✓ Science, Technology & Economic Development
✓ Communications & Public Utilities	✓ Government Operations & 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.

Signature Block — 1/9/07

(Signature of Lobbyist) (Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Su Shin	Chief Communications Officer

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Honolulu Board of Water Supply	748-5311
MAILING ADDRESS (Street)	**FAX**
630 S. Beretania St.	550-5588

(City)	(State)	(Zip Code)
Honolulu	Hawaii	96843

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

Signature Block — 1/9/07

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