

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
 Web site: www.hawaii.gov/ethics

THIS SPACE FOR OFFICE USE ONLY

'13 JAN 31 P2:20

NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

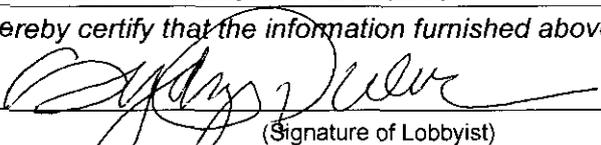
(Type or Print Clearly)

STATE OF HAWAII
 STATE ETHICS COMMISSION

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Keliiputele	Sydney		523-6213
MAILING ADDRESS (Street)			FAX
PO Box 3466			541-5308
			EMAIL
			sykeliip@ksbe.edu
(City)	(State)	(Zip Code)	
Honolulu	HI	96801	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Kamehameha			
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Kamehameha Schools			523-6213
MAILING ADDRESS (Street)			FAX
PO Box 3466			541-5308
			EMAIL
			sykeliip@ksbe.edu
(City)	(State)	(Zip Code)	
Honolulu	HI	96801	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Kendall K. Paulsen			523-6369
MAILING ADDRESS (Street)			FAX
567 S. King St., #400			541-5305
			EMAIL
			kepaulse@ksbe.edu
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input checked="" 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 checked="" 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>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
 (Signature of Lobbyist)	12 01/31/2013 (Date)

PART V AUTHORIZATION TO LOBBY		
NAME Dee Jay Mailer	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Chief Executive Officer	
NAME OF ORGANIZATION (if applicable)	TELEPHONE 523-6281	
MAILING ADDRESS (Street) 567 South King St., #200	FAX 623-6313	EMAIL
(City) HON.	(State) HI	(Zip Code) 96813
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
 (Signature of Authorizing Officer or Person Represented)	1-29-13 (Date)	