



HAWAII STATE ETHICS COMMISSION
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NOTE: This is a public document.

STATE OF HAWAII
 STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Park	Ku'uhaku	T.	808-848-1274
MAILING ADDRESS (Street)			FAX 808-842-6048
1411 Sand Island Parkway			EMAIL kpark@matson.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96819	
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)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Matson Navigation Company, Inc.			808-848-1211
MAILING ADDRESS (Street)			FAX 808-842-6048
1411 Sand Island Parkway			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96819	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Ku'uhaku Park			
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

REC'D BY HAND DELIVERY

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input checked="" type="checkbox"/> Agriculture	<input checked="" type="checkbox"/> Education	<input checked="" type="checkbox"/> Human Services	<input checked="" type="checkbox"/> Science, Technology & Economic Development
<input checked="" type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operation & Finance	<input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs	<input checked="" type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input checked="" type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input checked="" type="checkbox"/> Transportation
<input checked="" type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input checked="" type="checkbox"/> Ecology, Energy Environmental Protection	<input checked="" type="checkbox"/> Housing	<input checked="" 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.

_____ 1/23/2013
 (Signature of Lobbyist) (Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Kevin C. O'Rourke		Senior Vice President	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Matson Navigation Company, Inc.		(510) 628-4537	
MAILING ADDRESS (Street)		FAX 510-628-7331	
555 12th Street, 8th Floor		EMAIL	
		korourke@matson.com	
(City)	(State)	(Zip Code)	
Oakland	CA	94607	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
_____		1/24/13	
(Signature of Authorizing Officer or Person Represented)		(Date)	