



## 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

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Web site: [www.hawaii.gov/ethics](http://www.hawaii.gov/ethics)

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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
PAVLICEK	MELISSA	TEVES	(808) 447-1840
MAILING ADDRESS (Street)			FAX (808) 523-3712
841 BISHOP STREET, SUITE 2100			EMAIL MPAVLICEK@HAWAIIPUBLICPOLICY.
(City)	(State)	(Zip Code)	
HONOLULU	HAWAII	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
HAWAII PUBLIC POLICY ADVOCATES, LLC			(808) 447-1840
MAILING ADDRESS (Street)			FAX (808) 523-3712
841 BISHOP STREET, SUITE 2100			EMAIL INFO@HAWAIIPUBLICPOLICY.COM
(City)	(State)	(Zip Code)	
HONOLULU	HAWAII	96813	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
KAMEHAMEHA SCHOOLS			(808) 523-6369
MAILING ADDRESS (Street)			FAX (808) 541-5305
567 SOUTH KING STREET			EMAIL
(City)	(State)	(Zip Code)	
HONOLULU	HAWAII	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
KENDALL K. PAULSEN			(808) 523-6369
MAILING ADDRESS (Street)			FAX (808) 541-5305
567 SOUTH KING STREET			EMAIL KEPAULSE@KSBE.EDU
(City)	(State)	(Zip Code)	
HONOLULU	HAWAII	96813	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Agriculture   | <input checked="" type="checkbox"/> Education                      | <input checked="" type="checkbox"/> Human Services                          | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities                   | <input checked="" type="checkbox"/> Government Operation & Finance | <input 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 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 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.*

*Mel. Paulsen*

*1/28/13*

(Signature of Lobbyist)

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
KENDALL K. PAULSEN	DIRECTOR, COMMUNITY RELATIONS

NAME OF ORGANIZATION (if applicable)	TELEPHONE
KAMEHAMEHA SCHOOLS	(808) 523-6369

MAILING ADDRESS (Street)	FAX
567 SOUTH KING STREET	(808) 541-5305
	EMAIL
	KEPAULSE@KSBE.EDU

(City)	(State)	(Zip Code)
HONOLULU	HAWAII	96813

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

*[Signature]*

*1/17/13*

(Signature of Authorizing Officer or Person Represented)

(Date)