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

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STATE OF HAWAII
STATE ETHICS COMMISSION

NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Shon	James	Thomas	808 282-1509
MAILING ADDRESS (Street)			FAX
162 Forest Ridge Way			EMAIL jshon@hawaii.edu
(City)	(State)		(Zip Code)
Honolulu	Hawaii		96822
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
Hawaii Educational Policy Center		282-1509
MAILING ADDRESS (Street)		FAX
1776 University Ave		EMAIL
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96822
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
James Shon		282-1509
MAILING ADDRESS (Street)		FAX
162 Forest Ridge Way		EMAIL
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96822

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	☐ 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 of Lobbyist) 1-28-2013 (Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Donald Young	Dean, College of Education, UH Manoa

NAME OF ORGANIZATION (if applicable)	TELEPHONE
College of Education, University of Hawaii at Manoa	956-7703
MAILING ADDRESS (Street)	FAX
1776 University Ave	EMAIL young@hawaii.edu

(City)	(State)	(Zip Code)
Honolulu	Hawaii	96822

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

(Signature of Authorizing Officer or Person Represented) 1-28-2013 (Date)

REC'D BY HAND DELIVERY