



# 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](mailto:ethics@hawaiiethics.org)  
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
LAGON	OLIN	K	(808) 351-9784
MAILING ADDRESS (Street)			FAX (808) 356-8198
1050 BISHOP ST. #504			EMAIL <a href="mailto:olin@kanuhawaii.org">olin@kanuhawaii.org</a>
(City)	(State)	(Zip Code)	
HONOLULU	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
KANU HAWAII			(808) 206-8446
MAILING ADDRESS (Street)			FAX (808) 356-8198
1050 BISHOP ST. #504			EMAIL <a href="mailto:friends@kanuhawaii.org">friends@kanuhawaii.org</a>
(City)	(State)	(Zip Code)	
HONOLULU	HI	96813	

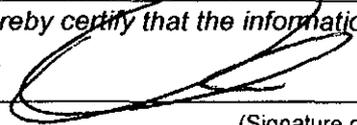
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE		
KANU HAWAII	(808) 206-8446		
MAILING ADDRESS (Street)			FAX (808) 356-8198
1050 BISHOP ST. #504			EMAIL <a href="mailto:friends@kanuhawaii.org">friends@kanuhawaii.org</a>
(City)	(State)	(Zip Code)	
HONOLULU	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
JULIE HASEGAWA			(808) 206-8446
MAILING ADDRESS (Street)			FAX (808) 356-8198
1050 BISHOP ST. #504			EMAIL <a href="mailto:julie@kanuhawaii.org">julie@kanuhawaii.org</a>
(City)	(State)	(Zip Code)	
HONOLULU	HI	96813	

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

<input checked="" type="checkbox"/> Agriculture	<input checked="" type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input checked="" 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 checked="" type="checkbox"/> Ecology, Energy Environmental Protection	<input 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.

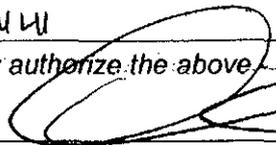
 \_\_\_\_\_

(Signature of Lobbyist)

1/22/2013 \_\_\_\_\_

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
OLIN LAGON		EXECUTIVE DIRECTOR	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
KANU HAWAII		(808) 351-9784	
MAILING ADDRESS (Street)		FAX	
1050 BISHOP ST. #504		(808) 356-8198	
(City)		EMAIL	
HONOLULU		olin@kanuhawaii.org	
(State)		(Zip Code)	
HI		96813	
I hereby authorize the above named person to engage in lobbying activities on behalf of the undersigned.			
 _____		1/22/2013 _____	
(Signature of Authorizing Officer or Person Represented)		(Date)	