



**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)

THIS SPACE FOR OFFICE USE ONLY

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NOTE: This is a public document.

**LOBBYIST REGISTRATION FORM** STATE OF HAWAII  
(Type or Print Clearly) STATE ETHICS COMMISSION

| PART I LOBBYIST   |         |          |                         |
|---|---------|----------|-------------------------|
| NAME (Last)   | (First) | (Middle) | TELEPHONE               |
| INOUE   | CHERYLN | M        | (808) 391-4141          |
| MAILING ADDRESS (Street)  |         |          | FAX                     |
| 1050 BISHOP ST. #504  |         |          | (808) 356-8198          |
| (City)  |         |          | EMAIL                   |
| HONOLULU  |         |          | cherilyn@kanuhawaii.org |
| (State)   |         |          | (Zip Code)              |
| 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                     |
| 1050 BISHOP ST. #504  |         |          | (808) 356-8198          |
| (City)  |         |          | EMAIL                   |
| HONOLULU  |         |          | friends@kanuhawaii.org  |
| (State)   |         |          | (Zip Code)              |
| HI  |         |          | 96813                   |

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

*Cheryl Droney*

(Signature of Lobbyist)

1/22/13

(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. |  |  |  |
| <i>[Signature]</i>   |  | 1/22/13  |  |
| (Signature of Authorizing Officer or Person Represented)   |  | (Date)   |  |