



HAWAII STATE ETHICS COMMISSION

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Web site: 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) Takayama	(First) Linda	(Middle) Chu	TELEPHONE 545-3060
MAILING ADDRESS (Street) PO Box 1196		FAX 545-1182	
		EMAIL	
(City) Honolulu	(State) HI	(Zip Code) 96807	
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)	

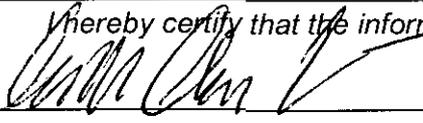
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) University of Hawaii Foundation			TELEPHONE 956-6993
MAILING ADDRESS (Street) PO Box 11270		FAX 956-9786	
		EMAIL	
(City) Honolulu	(State) HI	(Zip Code) 96828	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT William R. King			TELEPHONE 956-4510
MAILING ADDRESS (Street) PO Box 11270		FAX 956-5115	
		EMAIL	
(City) Honolulu	(State) HI	(Zip Code) 96828	

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 checked="" type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" 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 checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input 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)

1-10-2013 _____

(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Donna Vuchinich		President/Chief Executive Officer	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
University of Hawaii Foundation		956-3711	
MAILING ADDRESS (Street)		FAX 956-5115	
PO Box 11270		EMAIL	
(City)	(State)	(Zip Code)	
Honolulu	HI	96828	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
		1/8/13	
(Signature of Authorizing Officer or Person Represented)		(Date)	