



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
Lum	Lori	C.	808-544-8300
MAILING ADDRESS (Street)			FAX 808-544-8399
999 Bishop Street, Suite 2300			EMAIL llum@wik.com
(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
Watanabe Ing LLP			808-544-8300
MAILING ADDRESS (Street)			FAX 808-544-8399
999 Bishop Street, Suite 2300			EMAIL llum@wik.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Ulupono Initiative			808-544-8960
MAILING ADDRESS (Street)			FAX
999 Bishop Street, Suite 1202			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Lori Lum			808-544-8300
MAILING ADDRESS (Street)			FAX 808-544-8399
999 Bishop Street, Suite 2300			EMAIL llum@wik.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input checked="" type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input 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 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>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
<u><i>John C. Rum</i></u> (Signature of Lobbyist)	<u>9/8/15</u> (Date)

PART V AUTHORIZATION TO LOBBY		
NAME Amy Hennessey	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Director of Communications	
NAME OF ORGANIZATION (if applicable) Ulupono Initiative	TELEPHONE 808-544-8960	
MAILING ADDRESS (Street) 999 Bishop Street, Suite 1202	FAX	
	EMAIL	
(City) Honolulu	(State) HI	(Zip Code) 96813
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
<u><i>Amy Hennessey</i></u> (Signature of Authorizing Officer or Person Represented)		<u>9/8/15</u> (Date)