



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

THIS SPACE FOR OFFICE USE ONLY

NOTE: This is a public document.

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

STATE OF HAWAII
STATE ETHICS COMMISSION

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Okudara	Jon	T.	
MAILING ADDRESS (Street)			FAX
99-1362 Palaialii Pl.			EMAIL
(City)	(State)	(Zip Code)	
Aiea	HI	96701	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Okudara & Associates, Inc.			534-1244
MAILING ADDRESS (Street)			FAX 534-1247
333 Queen St, #902			EMAIL
			okudara@hawaii.rr.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Community Foundation			808-537-6333
MAILING ADDRESS (Street)			FAX 808-566-6286
827 Fort Street Mall			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Wallace Chin			808-566-5571
MAILING ADDRESS (Street)			FAX 808-566-6286
827 Fort Street Mall			EMAIL
			wchin@hcf-hawaii.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Agriculture | <input 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 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)

01/20/2014

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Curtis Saiki	VP & General Counsel

NAME OF ORGANIZATION (if applicable)
Hawaii Community Foundation

TELEPHONE
808-537-6333

MAILING ADDRESS (Street)
827 Fort Street Mall

FAX 808-566-5578

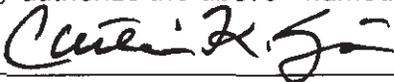
EMAIL
csaiki@hcf-hawaii.org

(City)
Honolulu

(State)
HI

(Zip Code)
96813

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



(Signature of Authorizing Officer or Person Represented)

1/12/14

(Date)