



**HAWAII STATE ETHICS COMMISSION**  
 1001 BISHOP STREET, HONOLULU, HAWAII 96813  
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STATE OF HAWAII  
 STATE ETHICS COMMISSION

NOTE: This is a public document.

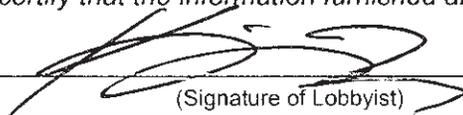
**LOBBYIST REGISTRATION FORM**

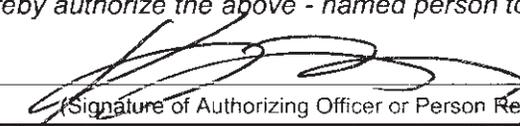
(Type or Print Clearly)

<b>PART I LOBBYIST</b>		
NAME (Last)	(First)	(Middle)
Chang	Kevin	K-J.
MAILING ADDRESS (Street)		TELEPHONE
47-200 Waihe'e Rd.		(808) 672-2545
(City)	(State)	FAX
Kāne'ohe	Hi.	EMAIL
		Kevin@kuahawaii.org
		(Zip Code)
		96744
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)

<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
Kua'āina Ulu 'Anamo	(808) 672-2545	
MAILING ADDRESS (Street)	FAX	
47-200 Waihe'e Rd.	EMAIL	
(City)	(State)	info@kuahawaii.org
Kāne'ohe	Hi.	(Zip Code)
		96744
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
Kevin Chang	(808) 672-2545	
MAILING ADDRESS (Street)	FAX	
47-200 Waihe'e Rd.	EMAIL	
(City)	(State)	Kevin@kuahawaii.org
Kāne'ohe	Hi.	(Zip Code)
		96744

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 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 checked="" type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input checked="" type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input checked="" 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>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
 (Signature of Lobbyist)	2/2/16 (Date)

PART V AUTHORIZATION TO LOBBY			
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Kevin K.J. Chang		Executive Director	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Kua'āina Ulu - Anamo		(808) 672-2545	
MAILING ADDRESS (Street)		FAX	
47-200 Wahe'e Rd.			
(City)	(State)	EMAIL	
Kāne'ohe	Hi.	Kevin@kuchawaii.org	
		(Zip Code)	
		96744	
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>			
 (Signature of Authorizing Officer or Person Represented)		2/2/16 (Date)	