



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

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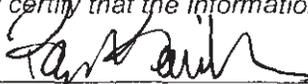
LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Kamikawa	Ray		808-528-8200
MAILING ADDRESS (Street)			FAX 808-536-5869
745 Fort St., 9th Floor			EMAIL
			rkamikawa@chunkerr.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
Chun Kerr LLP			808-528-8200
MAILING ADDRESS (Street)			FAX 808-536-5869
745 Fort S., 9th Floor			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
InState Partners		
MAILING ADDRESS (Street)		FAX
1028 33rd Street N.W. Suite 200		EMAIL
(City)	(State)	(Zip Code)
Washington	DC	20007
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Alex Johnson		202-489-3784
MAILING ADDRESS (Street)		FAX
1028 33rd Street N.W. Suite 200		EMAIL
(City)	(State)	(Zip Code)
Washington	DC	20007

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 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 type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input checked="" 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>	
	3-18-16
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Alex Johnson		
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
InState Partners	202-489-3784	
MAILING ADDRESS (Street)	FAX	
1028 1038 33rd St. N.W. Suite 200	EMAIL	
(City)	(State)	(Zip Code)
Washington	DC	20007
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
	3/15/16	
(Signature of Authorizing Officer or Person Represented)	(Date)	