



HAWAII STATE ETHICS COMMISSION
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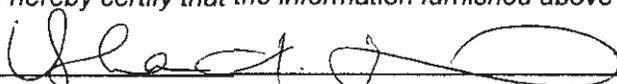
LOBBYIST REGISTRATION FORM

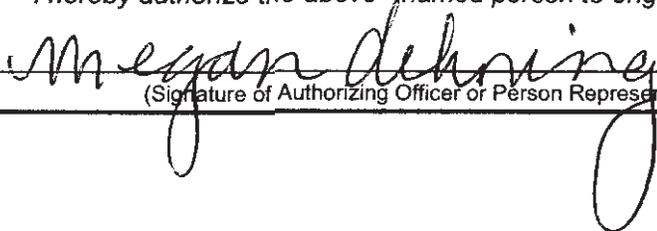
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Kilpatrick Kotner	Usha	Joti	(808)987-1257
MAILING ADDRESS (Street)			FAX
P.O. Box 452			EMAIL
			ushakilpatrick@gmail.com
(City)	(State)	(Zip Code)	
Kealakekua	HI	96750	
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)			TELEPHONE
Friends of Kona Pacific Public Charter School			(808)322-4900
MAILING ADDRESS (Street)			FAX (808)322-4906
P.O. Box 115			EMAIL
			chris@kppcs.org
(City)	(State)	(Zip Code)	
Kealakekua	HI	96750	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Chris Hecht			(808)895-3030
MAILING ADDRESS (Street)			FAX (808)322-4906
P.O. Box 115			EMAIL
			chris@kppcs.org
(City)	(State)	(Zip Code)	
Kealakekua	HI	96750	

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 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 checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input checked="" type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	<u>Grant in Aid</u>

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)	<u>4/8/16</u> (Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Megan Dehning	Board President	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
Friends of Kona Pacific Public Charter School	(808)322-4900	
MAILING ADDRESS (Street)	FAX (808)322-4906	
P.O. Box 115	EMAIL megandehning@gmail.com	
(City)	(State)	(Zip Code)
Kealahou	HI	96750
<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)	<u>4/9/2016</u> (Date)	