

**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](mailto:ethics@hawaiiethics.org)  
 Web site: [www.hawaii.gov/ethics](http://www.hawaii.gov/ethics)

THIS SPACE FOR OFFICE USE ONLY

\*15 JAN 20 A11 :25

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
Sarsona	Marci-Rose	Waialeale	523-6200
MAILING ADDRESS (Street)			FAX 541-5305
567 South King Street, Suite 400			EMAIL pihanoha@ksbe.edu
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
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)	

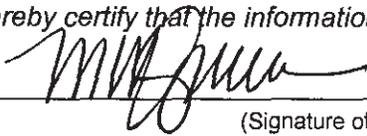
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Kamehameha Schools			523-6200
MAILING ADDRESS (Street)			FAX 541-5305
567 South King Street, Suite 200			EMAIL pihanoha@ksbe.edu
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Kendall K. Paulsen			523-6200
MAILING ADDRESS (Street)			FAX 541-5305
567 South King Street, Suite 400			EMAIL kepaulse@ksbe.edu
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

- |   |   |   |   |
|---|---|---|---|
| <input 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 checked="" 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 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)

11/7/2015

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Livingston S. M. Wong	Chief Executive Officer

NAME OF ORGANIZATION (if applicable)

Kamehameha Schools

TELEPHONE

523-6200

MAILING ADDRESS (Street)

567 South King Street, Suite 200

FAX 541-5305

EMAIL

pihanoha@ksbe.edu

(City)

Honolulu

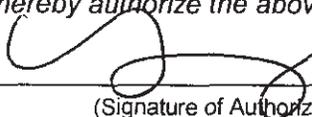
(State)

Hawaii

(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)

11/9/2015

(Date)