



HAWAII STATE ETHICS COMMISSION

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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
Keliipuleole	Sydney		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	
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 checked="" 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 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 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)

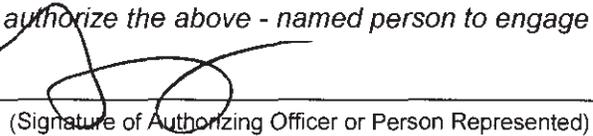
1-12-15

 (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)		TELEPHONE	
Kamehameha Schools		523-6200	
MAILING ADDRESS (Street)		FAX 541-5305	
567 South King Street, Suite 200		EMAIL	
(City)		pihanoha@ksbe.edu	
(State)		(Zip Code)	
Honolulu		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)

1/14/2015

 (Date)