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
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Web site: www.hawaii.gov/ethics

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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
Thoemmes, III	Walter	F.	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

REC'D BY HAND DELIVERY

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

☑ Agriculture	☑ Education	☑ Human Services	☑ Science, Technology & Economic Development
☑ Communications & Public Utilities	☐ Government Operation & Finance	☐ Intergovernmental Relations, International Affairs	☑ Tourism & Recreation
☑ Consumer Protection & Commerce	☑ Hawaiian Affairs	☑ Labor & Employment	☑ Transportation
☑ Culture, Arts, Historic Preservation	☑ Health	☑ Planning, Land & Water Use Management	☐ Other: (indicate below)
☑ Ecology, Energy Environmental Protection	☑ Housing	☑ 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) 1/7/15 (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	523-6343
MAILING ADDRESS (Street)	FAX 523-6313
567 South Street, Suite 200	EMAIL

(City)	(State)	(Zip Code)
Honolulu	HI	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) 1/7/2015 (Date)