



HAWAII STATE ETHICS COMMISSION
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 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

THIS SPACE FOR OFFICE USE ONLY

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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
Wong	Livingston	S.M.	523-6200
MAILING ADDRESS (Street)			FAX 541-5305
567 South King Street, Suite 200			EMAIL pihanoha@ksbe.edu
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96701	
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)	

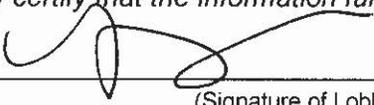
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Kamehameha Schools			523-6200
MAILING ADDRESS (Street)			FAX 541-5305
567 South King Street, Suite 200			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S 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 checked="" 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.

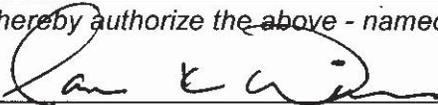


(Signature of Lobbyist)

1/7/2015

(Date)

PART V AUTHORIZATION TO LOBBY

NAME Lance K. Wilhelm		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Chairman of the Board	
NAME OF ORGANIZATION (if applicable) Kamehameha Schools		TELEPHONE 808-523-6281	
MAILING ADDRESS (Street) 567 S. King Street, Suite 200		FAX 808-523-6313	
		EMAIL liwong@ksbe.edu	
(City) Honolulu	(State) Hawaii	(Zip Code) 96813	
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>			
		1/8/2015	
(Signature of Authorizing Officer or Person Represented)		(Date)	