



**HAWAII STATE ETHICS COMMISSION**  
 1001 BISHOP STREET, HONOLULU, HAWAII 96813  
 or P.O. BOX 616, HONOLULU, HAWAII 96809  
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STATE OF HAWAII  
 STATE ETHICS COMMISSION

NOTE: This is a public document.

**LOBBYIST REGISTRATION FORM**

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last) Teves	(First) Stephen	(Middle)	TELEPHONE 808-447-1840
MAILING ADDRESS (Street) 841 Bishop Street, Suite 2100			FAX 808-523-3712
			EMAIL smteves@hawaii.rr.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) Hawaii Public Policy Advocates, LLC			TELEPHONE 808-447-1840
MAILING ADDRESS (Street) 841 Bishop Street, Suite 2100			FAX 808-523-3712
			EMAIL smteves@hawaii.rr.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96813	

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

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

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Agriculture   | <input checked="" type="checkbox"/> Education                      | <input checked="" type="checkbox"/> Human Services                          | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities                   | <input checked="" type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input checked="" type="checkbox"/> Tourism & Recreation                       |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce           | <input checked="" type="checkbox"/> Hawaiian Affairs               | <input checked="" type="checkbox"/> Labor & Employment                      | <input checked="" 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 checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input checked="" 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.*

*Stephen M. Teves*

*1/23/15*

(Signature of Lobbyist)

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Kendall K. Paulsen	Director, CRC

NAME OF ORGANIZATION (if applicable)  
Kamehameha Schools

TELEPHONE  
523-6200

MAILING ADDRESS (Street)  
567 South King Street, Suite 400

FAX 541-5305

EMAIL  
kepaulse@ksbe.edu

(City)

(State)

(Zip Code)

Honolulu

Hawaii

96813

*I hereby authorize the above named person to engage in lobbying activities on behalf of the undersigned.*

*Kendall K. Paulsen*

*1/23/15*

(Signature of Authorizing Officer or Person Represented)

(Date)