



**HAWAII STATE ETHICS COMMISSION**  
 1001 BISHOP STREET, HONOLULU, HAWAII 96813  
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 15 JAN 27 AM 11:15  
 STATE OF HAWAII  
 STATE ETHICS COMMISSION

NOTE: This is a public document.

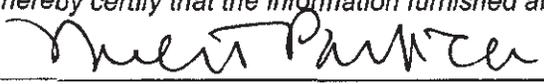
**LOBBYIST REGISTRATION FORM**

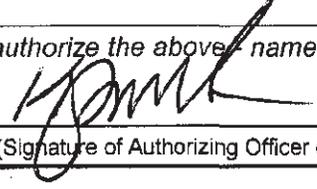
(Type or Print Clearly)

| PART I LOBBYIST  |                    |                     |   |
|--|--------------------|---------------------|---|
| NAME (Last)<br>Pavlicek  | (First)<br>Melissa | (Middle)<br>T       | TELEPHONE<br>808-447-1840   |
| MAILING ADDRESS (Street)<br>841 Bishop Street, Suite 2100  |                    |                     | FAX 808-523-3712  |
|  |                    |                     | EMAIL<br><a href="mailto:mpavlicek@hawaiiublicpolicy.com">mpavlicek@hawaiiublicpolicy.com</a> |
| (City)<br>Honolulu   | (State)<br>Hawaii  | (Zip Code)<br>96813 |   |
| EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)<br>Hawaii Public Policy Advocates, LLC |                    |                     | TELEPHONE<br>808-447-1840   |
| MAILING ADDRESS (Street)<br>841 Bishop Street, Suite 2100  |                    |                     | FAX 808-523-3712  |
|  |                    |                     | EMAIL<br><a href="mailto:mpavlicek@hawaiiublicpolicy.com">mpavlicek@hawaiiublicpolicy.com</a> |
| (City)<br>Honolulu   | (State)<br>Hawaii  | (Zip Code)<br>96813 |   |

| PART II ORGANIZATION   |                   |                     |   |
|--|-------------------|---------------------|---|
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)<br>Kamehameha Schools                         |                   |                     | TELEPHONE<br>523-6200   |
| MAILING ADDRESS (Street)<br>567 South King Street, Suite 200   |                   |                     | FAX 541-5305  |
|  |                   |                     | EMAIL<br><a href="mailto:pihanoha@ksbe.edu">pihanoha@ksbe.edu</a> |
| (City)<br>Honolulu   | (State)<br>Hawaii | (Zip Code)<br>96813 |   |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT<br>Kendall K. Paulsen |                   |                     | TELEPHONE<br>523-6200   |
| MAILING ADDRESS (Street)<br>567 South King Street, Suite 400   |                   |                     | FAX 541-5305  |
|  |                   |                     | EMAIL<br><a href="mailto:kepaulse@ksbe.edu">kepaulse@ksbe.edu</a> |
| (City)<br>Honolulu   | (State)<br>Hawaii | (Zip Code)<br>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>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i> |         |
|                                    | 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)  | TELEPHONE  |            |
| Kamehameha Schools  | 523-6200   |            |
| MAILING ADDRESS (Street)  | FAX  |            |
| 567 South King Street, Suite 400  | 541-5305   |            |
|   | EMAIL  |            |
|   | kepaulse@ksbe.edu                                  |            |
| (City)  | (State)  | (Zip Code) |
| Honolulu  | Hawaii   | 96813      |
| <i>I hereby authorize the above named person to engage in lobbying activities on behalf of the undersigned.</i> |  |            |
|                              | 1/23/15  |            |
| (Signature of Authorizing Officer or Person Represented)  | (Date)   |            |