



HAWAII STATE ETHICS COMMISSION
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STATE OF HAWAII
 STATE ETHICS COMMISSION

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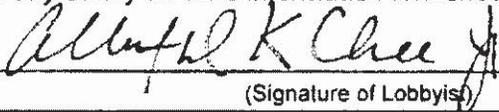
LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Chee, Jr.	Albert	D.K.	4153896800
MAILING ADDRESS (Street)			FAX 4153886874
c/o 2350 Kerner Blvd., Ste. 250			EMAIL
			chevron@nmgovlaw.com
(City)	(State)	(Zip Code)	
San Rafael	CA	94901	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
N/A			
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Chevron U.S.A., Inc. and its Affiliates			4153896800
MAILING ADDRESS (Street)			FAX 4153886874
c/o 2350 Kerner Blvd., Ste. 250			EMAIL
			chevron@nmgovlaw.com
(City)	(State)	(Zip Code)	
San Rafael	CA	94901	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Jason D. Kaune			4153896800
MAILING ADDRESS (Street)			FAX 4153886874
2350 Kerner Blvd., Ste. 250			EMAIL
			chevron@nmgovlaw.com
(City)	(State)	(Zip Code)	
San Rafael	CA	94901	

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 checked="" type="checkbox"/> Science, Technology & Economic Development
<input checked="" type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input checked="" 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 checked="" 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.	
	1/30/2015
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Jason D. Kaune	Designated Agent for Filer	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
Chevron U.S.A., Inc. and its Affiliates	4153896800	
MAILING ADDRESS (Street)	FAX	
2350 Kerner Blvd., Ste. 250	4153886874	
	EMAIL	
	chevron@nmgovlaw.com	
(City)	(State)	(Zip Code)
San Rafael	CA	94901
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.		
	2.2.2015	
(Signature of Authorizing Officer or Person Represented)	(Date)	