

**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
email: ethics@hawaiiethics.org
Web site: www.hawaii.gov/ethics

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STATE OF HAWAII
STATE ETHICS COMMISSION

NOTE: This is a public document.

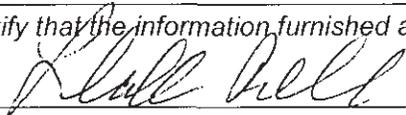
LOBBYIST REGISTRATION FORM

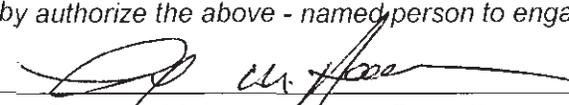
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Rosehill	Linda	K.	536-2611
MAILING ADDRESS (Street)			FAX 524-2628
1088 Bishop Street, Suite 1010			EMAIL lrosehill@hawaii.rr.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Rosehill & Associates			
MAILING ADDRESS (Street)			FAX
Same			EMAIL
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Waimea Nui Coimmunity Development Corporation			808 640-3453
MAILING ADDRESS (Street)			FAX
PO Box 126			EMAIL waimeahomestead@gmail.com
(City)	(State)	(Zip Code)	
Kamuela	HI	96743	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Michael Hodson			808 640-3453
MAILING ADDRESS (Street)			FAX
PO Box 2968			EMAIL h281dad@aol.com
(City)	(State)	(Zip Code)	
Kamuela	HI	96743	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input checked="" type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input checked="" 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 type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input 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>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
	2-3-15
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Michael Hodson	Chairman of the Board	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
Waimea Nui Coimmunity Development Corporation	808 640-3453	
MAILING ADDRESS (Street)	FAX	
PO Box 126	EMAIL	
(City)	(State)	(Zip Code)
Kamuela	HI	96743
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
	1-29-15	
(Signature of Authorizing Officer or Person Represented)	(Date)	