



**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](mailto:ethics@hawaiiethics.org)  
 Web site: [www.hawaii.gov/ethics](http://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. AMENDED  
2.24.15

**LOBBYIST REGISTRATION FORM**

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
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	96813	
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)	

<b>PART II ORGANIZATION</b>		
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

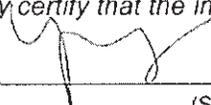
REC'D BY email

**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 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.*



3/3/15

(Signature of Lobbyist)

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME Lance K. Wilhelm	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Chairman of the Board
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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)

(State)

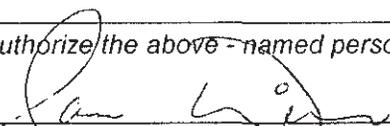
(Zip Code)

Honolulu

Hawaii

96813

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



3/3/15

(Signature of Authorizing Officer or Person Represented)

(Date)