



HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813
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STATE OF HAWAII
STATE ETHICS COMMISSION

NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

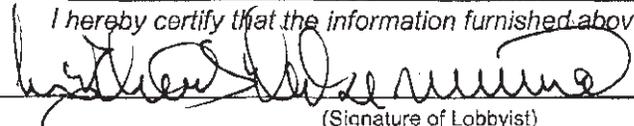
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Nakamura	Cynthia	S.	545-3060
MAILING ADDRESS (Street)			FAX
PO Box 1196			EMAIL csn@hawaii.rr.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96807	
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)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
University of Hawaii Foundation			956-6993
MAILING ADDRESS (Street)			FAX 956-9786
PO Box 11270			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96828	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Paul Kobayashi, Jr.			956-4510
MAILING ADDRESS (Street)			FAX 956-5115
PO Box 11270			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96828	

REC'D BY email

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input checked="" type="checkbox"/> Agriculture	<input checked="" type="checkbox"/> Education	<input 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 type="checkbox"/> Tourism & Recreation
<input checked="" 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 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>	
	3-31-2015
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Paul Kobayashi, Jr.	VP & CFO	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
University of Hawaii Foundation	956-3711 4510	
MAILING ADDRESS (Street)	FAX	EMAIL
PO Box 11270	956-5115	
(City)	(State)	(Zip Code)
Honolulu	HI	96828
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
	3.17.15	
(Signature of Authorizing Officer or Person Represented)	(Date)	