

**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)

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NOTE: This is a public document.

**LOBBYIST REGISTRATION FORM**

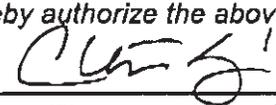
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Kane	Robbie	Ann	808-566-5544
MAILING ADDRESS (Street)			FAX 808-566-6286
827 Fort Street Mall			EMAIL rkane@hcf-hawaii.org
(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
Hawaii Community Foundation			808-537-6333
MAILING ADDRESS (Street)			FAX 808-566-6286
827 Fort Street Mall			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Community Foundation			808-537-6333
MAILING ADDRESS (Street)			FAX 808-566-6286
827 Fort Street Mall			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Wallace Chin			808-566-5571
MAILING ADDRESS (Street)			FAX 808-566-6286
827 Fort Street Mall			EMAIL wchin@hcf-hawaii.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

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 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 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 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>	
	<u>4/22/15</u>
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Curtis Saiki	VP & General Counsel	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
Hawaii Community Foundation	808-537-6333	
MAILING ADDRESS (Street)	FAX	
827 Fort Street Mall	808-566-5578	
	EMAIL	
	csaiki@hcf-hawaii.org	
(City)	(State)	(Zip Code)
Honolulu	HI	96813
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
	<u>4/22/15</u>	
(Signature of Authorizing Officer or Person Represented)	(Date)	