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
Kusunoki	Brad	Michiji	808-554-5514
MAILING ADDRESS (Street)			FAX N/A
98B Kahako Street			EMAIL kscsm2001@hotmail.com
(City)	(State)		(Zip Code)
Kailua	Hawaii		96734
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
Hawaii School Counselor Association			N/A
MAILING ADDRESS (Street)			FAX
PO Box 11359			EMAIL hawaiisca@yahoo.com
(City)	(State)		(Zip Code)
Honolulu	Hawaii		96828
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Brad Kusunoki			808-554-5514
MAILING ADDRESS (Street)			FAX
PO Box 11359			EMAIL hawaiisca@yahoo.com
(City)	(State)		(Zip Code)
Honolulu	Hawaii		96828

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

☐ Agriculture	☒ Education	☐ Human Services	☐ Science, Technology & Economic Development
☐ Communications & Public Utilities	☐ Government Operation & Finance	☐ Intergovernmental Relations, International Affairs	☐ Tourism & Recreation
☐ Consumer Protection & Commerce	☐ Hawaiian Affairs	☐ Labor & Employment	☐ Transportation
☐ Culture, Arts, Historic Preservation	☐ Health	☐ Planning, Land & Water Use Management	☐ Other: (indicate below)
☐ Ecology, Energy Environmental Protection	☐ Housing	☐ 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.

(Signature of Lobbyist) 2/22/16 (Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Brad Kusunoki	President

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Hawaii School Counselor Association	N/A
MAILING ADDRESS (Street)	FAX
PO Box 11359	EMAIL hawaiisca@yahoo.com

(City)	(State)	(Zip Code)
Honolulu	Hawaii	96828

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

(Signature of Authorizing Officer or Person Represented) 2/22/16 (Date)