THIS SPACE FOR OFFICE USE ONLY

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
Karr	Gary	E.	259-3146
MAILING ADDRESS (Street)			FAX
41-202 Kalanianaole Hwy			259-5971
(City)	(State)	(Zip Code)	
Waimanalo	Hawaii	96795	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Oceanic Institute			259-7951
MAILING ADDRESS (Street)			FAX
41-202 Kalanianaole Hwy.			259-5971
(City)	(State)	(Zip Code)	
Waimanalo	HI	96795	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Lonnie Christiansen			259-3101
MAILING ADDRESS (Street)			FAX
41-202 Kalanianaole Hwy.			259-5971
(City)	(State)	(Zip Code)	
Waimanalo	HI	96795	

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

X	Agriculture		Education		Human Services	X	Science, Technology & Economic Development
	Communications & Public Utilities		Government Operations & 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)
X	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 Block — Feb. 11, 2005

(Signature of Lobbyist) (Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Bruce S. Anderson	
NAME OF ORGANIZATION (if applicable)	TELEPHONE
The Oceanic Institute	259-3102
MAILING ADDRESS (Street)	FAX
41-202 Kalanianaole Hwy.	259-5971

(City)	(State)	(Zip Code)
Waimanalo	HI	96795

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

Signature Block — Feb. 11, 2005

(Signature of Authorizing Officer or Person Represented) (Date)