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 ETHICS COMMISSION

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
Okudara	Jon	T.	488-3533
MAILING ADDRESS (Street)			FAX
99-1362 Palaialii Pl.			
(City)	(State)	(Zip Code)	
Aiea	HI	96701	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Okudara & Associates, Inc.			534-1244
MAILING ADDRESS (Street)			FAX
333 Queen St, #902			534-1247
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Kamehameha Schools			523-6200
MAILING ADDRESS (Street)			FAX
567 South King Street, Suite 200			523-6365
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Raynard Soon , Vice President, Community Relations & Communications Group			523-6200
MAILING ADDRESS (Street)			FAX
567 South King Street, Suite 400			523-6365
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

XX Agriculture	Education	Human Services	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)
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

(Signature of Lobbyist)

1/31/05

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

Kirk Belsby, Vice President Endowment

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

NAME OF ORGANIZATION (if applicable)

Kamehameha Schools

TELEPHONE

523-6200

MAILING ADDRESS (Street)

567 South King Street, Ste. 200

FAX

523-6368

(City)	(State)	(Zip Code)
Honolulu	Hawaii	96813

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

Signature Block

(Signature of Authorizing Officer or Person Represented)

2-7-05

(Date)