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

THIS SPACE FOR OFFICE USE ONLY

'07 JAN 29 P1:31

Geo
Lop
WIK

STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
Gusman	Dana	M.	544-8300
MAILING ADDRESS (Street)			FAX
999 Bishop St., 23rd Flr.			544-8399
(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
Watanabe Ing & Komeiji LLP			544-8300
MAILING ADDRESS (Street)			FAX
999 Bishop St., 23rd Flr.			544-8399
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
University of Phoenix			536-2686
MAILING ADDRESS (Street)			FAX
827 Fort Street			536-3848
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Dana M. Gusman			544-8300
MAILING ADDRESS (Street)			FAX
999 Bishop St., 23rd Flr.			544-8399
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

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 Block — 22 January 2007

(Signature of Lobbyist) — (Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Walid Kaakoush	Campus Director

NAME OF ORGANIZATION (if applicable)	TELEPHONE
University of Phoenix	536-2686
MAILING ADDRESS (Street)	**FAX**
827 Fort Street	536-2744

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

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

Signature Block — JAN 29 2007

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