KSI
ARDA
PMGT

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
Kusunoki,	Susan	A.	808-536-5688
MAILING ADDRESS (Street)			FAX
84 N. King Street			808-536-5720
(City)	(State)	(Zip Code)	
Honolulu,	HI	96817	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Pacific Management Consultants, Inc.			808-536-5688
MAILING ADDRESS (Street)			FAX
84 N. King Street			808-536-5720
(City)	(State)	(Zip Code)	
Honolulu,	HI	96817	

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
ARDA			
MAILING ADDRESS (Street)			FAX
1201 15th Street, NW., Suite 400			
(City)	(State)	(Zip Code)	
Washington,	D.C.	20005	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Jason Gamel			
MAILING ADDRESS (Street)			FAX
200 E. Robinson Street, Suite 1170			
(City)	(State)	(Zip Code)	
Orlando,	FL	32801	

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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

(Signature of Lobbyist) (Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Jason Gamel	Vice President, State Affairs

NAME OF ORGANIZATION (if applicable)	TELEPHONE
American Resort Development Assn.	407-245-7601
MAILING ADDRESS (Street)	**FAX**
200 E. Robinson Street, Suite 1170	407-531-9995

(City)	(State)	(Zip Code)
Orlando,	FL	32801

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

Signature Block 1/19/07

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