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

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Kamehameha Schools			523-6200
MAILING ADDRESS (Street) 567 South King Street, Ste. 400			FAX 541-5305
(City) Honolulu	(State) Hawaii	(Zip Code) 96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Kendall K. Paulsen - Director, Community Relations			TELEPHONE 523-6369
MAILING ADDRESS (Street) 567 South King Street, Ste. 400			FAX 541-5305
(City) Honolulu	(State) Hawaii	(Zip Code) 96813	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

XXX 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)

1/30/07
(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Kendall K. Paulsen	Director - Community Relations

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Kamehameha Schools	523-6369
MAILING ADDRESS (Street)	**FAX**
567 South King Street, Ste. 400	541-5305

(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)

1/22/07
(Date)