



HONOLULU ETHICS COMMISSION
 925 DILLINGHAM BOULEVARD, STE 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768
 Email: ethics@honolulu.gov
 Website: <http://www.honolulu.gov/ethics/>

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HONOLULU
 ETHICS COMMISSION
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2020 REGISTRATION

Lobbyist Registration
 (Type or Print Clearly)

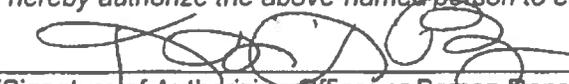
PART I LOBBYIST		
NAME (Last) (First) (Middle) Camp, Catherine		
LOBBYIST FIRM/EMPLOYER (if applicable) Kamehameha Schools		TELEPHONE 808-523-6200
MAILING ADDRESS (No. and Street or P.O. Box) 567 S. King St.		FAX 567 S. King St.
		EMAIL cacamp@ksbe.edu
(City) Honolulu	(State) Hawaii	(Zip Code) 96813

PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Kamehameha Schools		TELEPHONE 808-523-6200
MAILING ADDRESS (No. and Street or P.O. Box) 567 S. King St.		FAX
		EMAIL cyjohnas@ksbe.edu
(City) Honolulu	(State) Hawaii	(Zip Code) 96813
ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)		<input checked="" type="checkbox"/> Not Applicable
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		<input checked="" type="checkbox"/> Not Applicable

PART II.B NO LONGER LOBBYING	
<input checked="" type="checkbox"/> I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE 2/11/20

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY		
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART IV LOBBYIST CERTIFICATION	
<p><i>I hereby certify that the foregoing statements are true and correct.</i></p>  <p>LOBBYIST SIGNATURE</p> <p>2/12/20</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This ____ day of _____, _____.</p> <p>By: _____</p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: _____</p>

PART V AUTHORIZATION TO LOBBY		
NAME Kau'i Burgess	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Director of Community and Government Relations	
NAME OF ORGANIZATION (if applicable) Kamehameha Schools	TELEPHONE 808-523-6200	
MAILING ADDRESS (No. and Street or P.O. Box) 567 S. King St.	FAX	
	EMAIL kaburges@ksbe.edu	
(City) Honolulu	(State) Hawaii	(Zip Code) 96813
<p><i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i></p>  <p>(Signature of Authorizing Officer or Person Represented)</p> <p>2/12/20</p> <p>(Date)</p>		