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/

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
ETHICS COMMISSION
RECEIVED
3-23-19
'19 FEB 26 P12:55

2019 REGISTRATION

Lobbyist Registration
(Type or Print Clearly)

PART I LOBBYIST

NAME (Last) (First) (Middle) Cobb-Adams Kamuela		
LOBBYIST FIRM/EMPLOYER (if applicable) Kamehameha Schools		TELEPHONE 808-523-6200
MAILING ADDRESS (No. and Street or P.O Box) 567 South King St., Suite 200		FAX EMAIL fecobbad@ksbe.edu
(City) Honolulu	(State) HI	(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 South King St., Suite 200		FAX EMAIL fecobbad@ksbe.edu
(City) Honolulu	(State) HI	(Zip Code) 96813
ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members) 3,500		☐ Not Applicable
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS Vote by leadership committee		☐ Not Applicable

PART II.B NO LONGER LOBBYING

☐ I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☒Business & Economic Development	☒Community Services	☒Customer Services
☒Culture & Arts	☒Housing	☒Public Works, Infrastructure & Sustainability
☒Parks & Recreation	☒Public Health, Safety & Welfare	☒Tourism
☒Transportation	☒Zoning & Planning	☐Specific Legislation: ☐Additional Sheet(s) Attached Bill No. _____(Year)_____ Reso No. _____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

LOBBYIST SIGNATURE

2/25/19
DATE

Subscribed and sworn to before me

This 26th day of February, 2019.

By: _____

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires:

LESLIE M. YAMASHITA
Notary Public, State of Hawaii
My commission expires Sept. 27, 2020

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 South King St., Suite 200		FAX EMAIL kaburges@ksbe.edu
(City) Honolulu	(State) HI	(Zip Code) 96813

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

(Signature of Authorizing Officer or Person Represented) 2/25/19 (Date)

NOTARY CERTIFICATE Doc. Date:
Doc. ID or Description 2019 Registration
# of Pages 2
Notary Signature First Circuit 2/26/19 Certificate Date
Printed Name of Notary: LESLIE M. YAMASHITA

Rev. 11/2018

NOTE: This is a public document