



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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03-26-19

'19 FEB 26 A11 :04

2019 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 South King St., Suite 200		FAX
		EMAIL cacamp@ksbe.edu
(City) Honolulu	(State) HI	(Zip Code) 96813

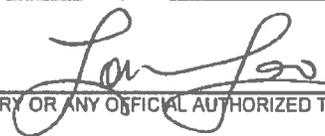
PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Kamehameha Schools		TELEPHONE 808-523-6200
MAILING ADDRESS (No. and Street or P.O. Box) 567 South King St., Suite 200		FAX
		EMAIL cacamp@ksbe.edu
(City) Honolulu	(State) HI	(Zip Code) 96813
ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members) 3,500		<input type="checkbox"/> Not Applicable
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS Vote by leadership committee		<input type="checkbox"/> Not Applicable

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

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input checked="" type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" 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

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE	Doc. Date: FEB 26 2019 Pages: 2 Name: Lori Loo First Circuit Doc. Description: Registration FEB 26 2019 Date NOTARY CERTIFICATION	Subscribed and sworn to before me This _____ day of FEB 26 2019.
		By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: LORI LOO Notary Public, State of Hawaii My commission expires February 27, 2021
2/26/19 DATE		

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)		2/26/19 (Date)	