



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

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HONOLULU
 ETHICS COMMISSION
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32-11-19

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2019 REGISTRATION

Lobbyist Registration
 (Type or Print Clearly)

| PART I LOBBYIST | | |
|--|-----------------------------|----------------------------------|
| NAME (Last) (First) (Middle) ^(MR) Rabago, Reena Amoreena | | |
| LOBBYIST FIRM/EMPLOYER (if applicable) Capitol Consultants of Hawaii, LLP | TELEPHONE (808) 531-4551 | |
| MAILING ADDRESS (No. and Street or P.O. Box) 222 South Vineyard Street, Suite 401 | FAX (808) 533-4601 | EMAIL reena.rabago@808cch.com |
| (City) Honolulu | (State) HI | (Zip Code) 96813 |

| PART II.A ORGANIZATION | | |
|---|------------|--|
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Kamehameha Schools | | TELEPHONE (808) 523-6348 |
| MAILING ADDRESS (No. and Street or P.O. Box) 567 S. King Street, Suite 400 | FAX | EMAIL kaburges@ksbe.edu |
| (City) Honolulu | (State) HI | (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 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 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 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

| | |
|---|--|
| <p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p style="text-align: center;"></p> <p>LOBBYIST SIGNATURE</p> <p style="text-align: center;">01-11-2019</p> <p>DATE</p> | <p>Subscribed and sworn to before me</p> <p>This ____ day of _____, _____.</p> <p>By: <i>MP (Notary Certificate attached)</i></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 Relations |
| NAME OF ORGANIZATION (if applicable) Kamehameha Schools | TELEPHONE (808) 523-6348 |
| MAILING ADDRESS (No. and Street or P.O. Box) 567 S. King Street, Suite 400 | FAX |
| | EMAIL kaburges@ksbe.edu |
| (City) Honolulu | (State) HI |
| | (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> _____</p> <p>(Signature of Authorizing Officer or Person Represented) 1/8/19</p> <p style="text-align: right;">(Date)</p> | |

HAWAII JURAT WITH AFFIANT STATEMENT

State of Hawaii }
City of Honolulu } ss.
County of _____

- See attached document (Notary to cross out lines 1-7 below.)
- See statement below (Lines 1-7 to be completed only by document signer[s].)

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
Signature of Signer No. 1: Amor Rabago
Signature of Signer No. 2 (if any): [Signature]

This 2 page 2019 Registration,
No. of Pages Description of Document
dated JAN 1 1 2019 was subscribed and sworn
Document Date

to before me this 1 day of JAN 1 1 2019, in the
Day Month Year

First Circuit Court of the State of Hawaii, by
Name of Circuit

Amoreena Rabago (.) (.)
Name of Signer No. 1
(and

[Signature])
Name of Signer No. 2, if any

[Signature] 01/11/2019
Signature of Notary Date

Gaylene Luke
Printed Name of Notary
Notary Public, First Judicial Circuit
State of Hawaii
My commission expires: June 28, 2021

Place Notary Seal or Stamp Above

