



LOBBYIST REGISTRATION STATEMENT

You must file this statement with the Office of the County Clerk if you are an individual who for pay or other consideration engages in lobbying on behalf of another person, or organization, for more than five (5) hours in any month or spends more than \$750 lobbying during any reporting period (January 1st through December 31st of the previous year). NOTE THAT THIS IS A PUBLIC DOCUMENT.

(Type or Print Clearly)

NAME	Last Makāula	First Roslyn	Middle Kahale
BUSINESS MAILING ADDRESS	Street 567 South King Street	City Honolulu	State Hawaii
TELEPHONE NO. 808-523-6348	E-MAIL romakaul@ksbe.edu		
NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (do not abbreviate) Kamehameha Schools			
BUSINESS MAILING ADDRESS	Street 567 South King Street	City Honolulu	State Hawaii
BUSINESS TELEPHONE NO. 808-523-6348	Zip Code 96813		

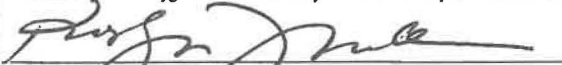
SUBJECT AREAS OF LOBBYING

(Bill / Resolution Number(s), Agenda Item(s), and / or Topic(s))

Subject include, but are not limited to, business, economic development, housing, zoning, planning, transportation, public infrastructure, public safety and welfare, and sustainability.

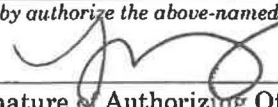
CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.


(Signature of Lobbyist)

01/05/2026
(Date)

AUTHORIZATION TO LOBBY

NAME Livingston Wong	TITLE OF AUTHORIZING OFFICER OF PERSON REPRESENTED Chief Executive Officer		
NAME OF ORGANIZATION (if applicable) Kamehameha Schools	TELEPHONE NO. 808-523-6348		
ADDRESS OF ORGANIZATION OR PERSON	Street 567 South King Street	City Honolulu	State Hawaii
	Zip Code 96813		
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.			
 (Signature of Authorizing Officer)		01/05/2026 (Date)	