

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 PEFFICE USE ONLY
ETHICS COMMISSION
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3-2.12.18

18 FEB 12 P12:08

REGISTRATION

Lobbyist Registration (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle)		TELEPHONE
ARAKAWA, DAVID Z.		(808) 783-9407
MAILING ADDRESS (No. and Street or F	P.O Box)	FAX (808) 521-4717
1100 Alakea St., Suite 408		EMAIL darakawa@lurf.org
(City) Honolulu	(State) HI	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you	are employed by a business entity that has been retained to lobby)	TELEPHONE
LAND USE RESEARCH FOUNDATION OF HAWAII		(808) 521-4717
MAILING ADDRESS (No. and Street or F	P.O Box)	FAX
1100 Alakea St., Suite 408		EMAIL darakawa@lurf.org
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II.A ORGANIZATION				
NAME OF ORGANIZATION	YOU LOBBY FOR (Do not abbreviate)	TELEPHONE		
LAND USE RESEARCH FOUN	IDATION OF HAWAII	(808) 521-4717		
MAILING ADDRESS (No. ar	nd Street or P.O Box)	FAX (808) 536-0132		
1100 Alakea St., Suite 408		EMAIL darakawa@lurf.org		
(City)	(State)	(Zip Code)		
` ´´Honolulu	П	96813		
NUMBER OF MEMBERS (IF	⊠ n/a			
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		▼ n/a		

PART II.B NO LONGER LOBBYING	
☐ I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE

PART III DESCRIPTIO					
Development	□Community	Services	☐ Customer Services		
□Culture & Arts	⊠Housing		☑ Public Works, Infrastructure & Sustainability	:	
□Parks & Recreation	□Public Healf	th, Safety & Welfa	re Tourism		
⊠ Transportation	⊠Zoning & Pl	anning	□Specific Legislation: Bill No(Year) Reso No(Year) Admin. Rule No Dept		
□Other (indicate below):			•		
PART IV LOBBYIST C	ERTIFICATIO	N			
I hereby certify that the foregoi	ng statements are tri	ue and Subs	cribed and sworn to before me		
correct.			an day of February, 20	M day of February, 2018.	
DON y.M. 16' MU LOBBUSTSIGNATURE	By: SIGNATURE By: NOTARY OR ALL BY: NOTARY OR ALL		an day of February, 20 For Y. N. Kimura Minister Y OR ANY OFFICIAL AUTHORIZED TO ADMINISTE	KINIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
2-9-18 DATE			ommission expires:	400 # 1400 #	
PART V AUTHORIZA	TION TO LORI	RV	Mining.	Illin	
NAME	HON TO LOBE		ORIZING OFFICER OR PERSON		
DAVID Z. ARAKAWA	RAKAWA REPRESENTED				
NAME OF ORGANIZATION (if applicable) Executive Director TELEPHONE					
NAME OF ORGANIZATION (if	applicable)		TELEPHONE		
•	* * * *		TELEPHONE (808) 521-4717		
LAND USE RESEARCH FOUND	ATION OF HAWAII		(808) 521-4717		
AND USE RESEARCH FOUNDA	ATION OF HAWAII		(808) 521-4717 FAX (808) 536-0132		
AND USE RESEARCH FOUND, MAILING ADDRESS (No. and 1100 Alakea St., Suite 408	Street or P.O Box) (State)		(808) 521-4717 FAX (808) 536-0132 EMAIL darakawa@lurf.org		
AND USE RESEARCH FOUND, MAILING ADDRESS (No. and 1100 Alakea St., Suite 408	ATION OF HAWAII		(808) 521-4717 FAX (808) 536-0132 EMAIL		
AND USE RESEARCH FOUND, MAILING ADDRESS (No. and 1100 Alakea St., Suite 408 (City) Honolulu	Street or P.O Box) (State)	age in lobbying ac	(808) 521-4717 FAX (808) 536-0132 EMAIL darakawa@lurf.org (Zip Code) 96813 tivities on behalf of the undersigned.		
MAILING ADDRESS (No. and 1100 Alakea St., Suite 408 (City) Honolulu I hereby authorize the above-n	Street or P.O Box) (State) HI amed person to eng		(808) 521-4717 FAX (808) 536-0132 EMAIL darakawa@lurf.org (Zip Code) 96813 tivities on behalf of the undersigned.		
MAILING ADDRESS (No. and 1100 Alakea St., Suite 408 (City) Honolulu I hereby authorize the above-n	Street or P.O Box) (State) HI amed person to eng		(808) 521-4717 FAX (808) 536-0132 EMAIL darakawa@lurf.org (Zip Code) 96813 tivities on behalf of the undersigned.	ges: 2	
MAILING ADDRESS (No. and 1100 Alakea St., Suite 408 (City) Honolulu I hereby authorize the above-n	Street or P.O Box) (State) HI amed person to eng		(808) 521-4717 FAX (808) 536-0132 EMAIL darakawa@lurf.org (Zip Code) 96813 tivities on behalf of the undersigned. 2- 9. 6	ST Circle	



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9 2.13.18

HONOLULU ETHICS COMMISSION RECEIVED

REGISTRATION

Lobbyist Registration (Type or Print Clearly)

18 JAN 10 P7:08

PART I LOBBYIST	
NAME (Last) (First) (Middle)	TELEPHONE
Black Rhack Binn	531-4000
Black, Robert Brian MAILING ADDRESS (No. and Street or P.O Box)	FAX
700 Bishop Street, Suite 1701	EMAIL brian@civilbeatlawcerter.org
(City) (State)	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has	TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)	FAX
18/65 j.w	EMAIL
(City) (State)	(Zip Code)
PART II.A ORGANIZATION	e) TELEPHONE
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate	e) TELEPHONE
Civil Beat Law Center For the Public Interest MAILING ADDRESS (No. and Street or P.O Box)	531-4600 FAX
MAILING ADDRESS (No. and Street or P.O Box)	- BAND IN PROPERTY SERVICES
706 Bishop Street, Suite 1701	EMAIL into @civilbeatlawcenter.org
(City) (State) Honolulu HI	(Zip Code) 96813
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS	S) 🛛 n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISION	S ⊠ n/a
PART II.B NO LONGER LOBBYING	
I am no longer authorized to lobby on behalf of the organiza	ation in Part II.A DATE

PART III DESCRIPTION (OF SUBJE	CTS ON WHIC	H YOU EXPECT TO LOBBY
☐Business & Economic Development	□Community Services		□Customer Services
□Culture & Arts	□Housing		□Public Works, Infrastructure & Sustainability
□Parks & Recreation	□Public Heal	th, Safety & Welfare	e □Tourism
☐Transportation	□Zoning & Planning		□Specific Legislation: Bill No(Year) Reso No(Year) Admin. Rule No Dept
☑Other (indicate below): Transpare	ney		
PART IV LOBBYIST CER	TIFICATIO	N	
I hereby certify that the foregoing state correct. LOBBYIST SIGNATURE 1-10-18 DATE	atements are tr	This By: 30	day of JAHUARY, 2018 JOHN JULIAN NOTARY RUBLIC PUBLIC Imission expires: 12/08/21
PART V AUTHORIZATION	TO LOBE	BY	
NAME Robert Black		TITLE OF AUTHOREPRESENTED	EXECUTIVE Director to Phone
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Civil Beat Law Center For the Public Interest 531-4600			531-4600
MAILING ADDRESS (No. and Street 706 Bishop Street, Suite 1701			EMAIL brian@civilbeatlawcenter.org
(City) (Zip Code)		(Zip Code) 96813	
I hereby authorize the above-named	person to enga	age in lobbying activ	ities on behalf of the undersigned.
(Signature of Authorizing Officer or P	erson Represe	nted)	(Date)

STATE OF HAWAII CITY AND COUNTY OF HONOLULU FIRST JUDICIAL CIRCUIT

On January 10, 2018, before me personally appeared Robert B. Black, to me known to be the person (or persons) described in and who executed the foregoing instrument, and acknowledged that the person (or persons) executed the same as the person's (or persons') free act and deed.

John Julian, Notary Public

State of Hawaii

My commission expires: 12/08/2021

Document Date: January 10, 2018 # Pages: 3

Notary Name: John Julian First Circuit OHN JULIAN

Doc. Description: REGISTRATION

LOBBYIST REGISTRATION

No. 13-431

No. 13-431

Date

No. 13-431



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

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ETHICS COMMISSION
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REGISTRATION

Lobbyist Registration (Type or Print Clearly)

NAME (Last) (First) (Middle) Delaunay, Christopher M. MAILING ADDRESS (No. and Street or P.O Box) 1100 Alakea Street, 4th Floor (City) Honolulu LOBBYIST FIRM/EMPLOYER (Fall in only if you are employed by a business entity that has been retained to tooby) MAILING ADDRESS (No. and Street or P.O Box) TELEPHONE MAILING ADDRESS (No. and Street or P.O Box) FAX EMAIL (City) (State) (State) (State) (State) (Zip Code) PART II.A ORGANIZATION NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Pacific Resource Partnership 808-528-5557 MAILING ADDRESS (No. and Street or P.O Box) FAX BO8-528-0421 EMAIL (City) (City) (State) (State) (City) (State) (Alakea Street, 4th Floor (City) (City) NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS) approximately 240 signatory contractors & 5,000 carpenter union members METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS Board of Directors and Executive Director PART II.B NO LONGER LOBBYING I am no longer authorized to lobby on behalf of the organization in Part II.A DATE	PART I LOBBYIST		
MAILING ADDRESS (No. and Street or P.O Box) 1100 Alakea Street, 4th Floor (City) Honolulu (State) HI (State) HI (State) HI (State) HI (State) HI (Zip Code) 96813 TELEPHONE MAILING ADDRESS (No. and Street or P.O Box) FAX EMAIL (City) (State) (State) (State) (State) (State) (State) (Zip Code) 96813 TELEPHONE FAX EMAIL (Zip Code) PART II.A ORGANIZATION NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Pacific Resource Partnership MAILING ADDRESS (No. and Street or P.O Box) FAX 808-528-5557 MAILING ADDRESS (No. and Street or P.O Box) FAX 808-528-0421 EMAIL (City) (City) (State) (Zip Code) 96813 NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS) approximately 240 signatory contractors & 5,000 carpenter union members METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS Board of Directors and Executive Director	NAME (Last) (First) (Middle)		TELEPHONE
1100 Alakea Street, 4th Floor (City) Honolulu (State) HI (State) HI (State) HI (OBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to loobby) (City) (State) (City) (State) (City) (State) (Zip Code) 96813 TELEPHONE FAX EMAIL (City) (City) (State) (Zip Code) PART II.A ORGANIZATION NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Pacific Resource Partnership MAILING ADDRESS (No. and Street or P.O Box) FAX 808-528-5557 MAILING ADDRESS (No. and Street or P.O Box) 1100 Alakea Street, 4th Floor (City) Honolulu NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS) approximately 240 signatory contractors & 5,000 carpenter union members METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS Board of Directors and Executive Director	Delaunay, Christopher M.		808-528-5557
EMAIL cdelaunay@prp-hawaii.com (Zip Code) 96813	MAILING ADDRESS (No. and Street o	r P.O Box)	FAX 808 528 0424
Cdelaunay@prp-hawaii.com Cip Code Gearmany Cip Code Gearmany Cip Code Gearmany Cip Code Gearmany Gearman Cip Code Gearman Gearman	1100 Alakea Street, 4th Floor		
City Honolulu City Honolulu City Code Geat 13			
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been relatined to tobby) TELEPHONE MAILING ADDRESS (No. and Street or P.O Box) FAX EMAIL (City) (State) (Zip Code) PART II.A ORGANIZATION NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Pacific Resource Partnership MAILING ADDRESS (No. and Street or P.O Box) TAX 808-528-5557 MAILING ADDRESS (No. and Street or P.O Box) 1100 Alakea Street, 4th Floor (State) (State) (State) (City) Honolulu (State) (State) (Zip Code) 96813 NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS) approximately 240 signatory contractors & 5,000 carpenter union members METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS Board of Directors and Executive Director PART II.B NO LONGER LOBBYING	(City)	(City) (State)	
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EMAIL	LOBBYIST FIRM/EMPLOYER (Fill in only if	you are employed by a business entity that has been retained to lobby)	TELEPHONE
EMAIL			
(City) (State) (Zip Code) PART II.A ORGANIZATION NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) TELEPHONE Pacific Resource Partnership 808-528-5557 MAILING ADDRESS (No. and Street or P.O Box) FAX 808-528-0421 1100 Alakea Street, 4th Floor (Zip Code) HI (Zip Code) 96813 NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS) approximately 240 signatory contractors & 5,000 carpenter union members METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS Board of Directors and Executive Director PART II.B NO LONGER LOBBYING	MAILING ADDRESS (No. and Street or	r P.O Box)	FAX
PART II.A ORGANIZATION NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Pacific Resource Partnership MAILING ADDRESS (No. and Street or P.O Box) 1100 Alakea Street, 4th Floor (City) Honolulu (State) HI (Zip Code) 96813 NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS) approximately 240 signatory contractors & 5,000 carpenter union members METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS Board of Directors and Executive Director PART II.B NO LONGER LOBBYING			EMAIL
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NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Pacific Resource Partnership MAILING ADDRESS (No. and Street or P.O Box) 1100 Alakea Street, 4th Floor (City) Honolulu (State) HI NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS) approximately 240 signatory contractors & 5,000 carpenter union members METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS Board of Directors and Executive Director TELEPHONE 808-528-5557 FAX 808-528-0421 [Zip Code) 96813 □ n/a □ n/a			
Pacific Resource Partnership MAILING ADDRESS (No. and Street or P.O Box) 1100 Alakea Street, 4th Floor (City) Honolulu NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS) approximately 240 signatory contractors & 5,000 carpenter union members METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS Board of Directors and Executive Director PART II.B NO LONGER LOBBYING	PART II.A ORGANIZATION		
MAILING ADDRESS (No. and Street or P.O Box) 1100 Alakea Street, 4th Floor (City) Honolulu (State) HI (Zip Code) 96813 NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS) approximately 240 signatory contractors & 5,000 carpenter union members METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS Board of Directors and Executive Director PART II.B NO LONGER LOBBYING	NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
1100 Alakea Street, 4th Floor (City) Honolulu (State) HI (Zip Code) 96813 NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS) approximately 240 signatory contractors & 5,000 carpenter union members METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS Board of Directors and Executive Director PART II.B NO LONGER LOBBYING	Pacific Resource Partnership		808-528-5557
City Honolulu (State) HI (Zip Code) 96813 NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS) approximately 240 signatory contractors & 5,000 carpenter union members mETHODS USED BY MEMBERS TO MAKE POLICY DECISIONS n/a PART II.B NO LONGER LOBBYING PART II.B NO LONGER LOBBYING	MAILING ADDRESS (No. and Street or P.O Box)		FAX 808-528-0421
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METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS Board of Directors and Executive Director PART II.B NO LONGER LOBBYING	•	•	│ □ n/a
PART II.B NO LONGER LOBBYING			
PART II.B NO LONGER LOBBYING			□ n/a
	Board of Directors and Executive Director		
☐ I am no longer authorized to lobby on behalf of the organization in Part II.A DATE	PART II.B NO LONGER LOS	BBYING	
	☐ I am no longer authorized to lobby	on behalf of the organization in Part II.A	DATE

Rev. 12/2017

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: Bill No(Year)
□Other (indicate below):			
PART IV LOBBYIST CEI	RTIFICATION		
I hereby certify that the foregoing statements are true and correct. Subscrib This 3' By: NOTARY OR My comm		applied and sworn to before me d day of January, 2018. Applied Kealoka ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS Tission expires: 11. 2021	
PART V AUTHORIZATION NAME Kyle Chock NAME OF ORGANIZATION (if app Pacific Resource Partnership MAILING ADDRESS (No. and Street 1100 Alakea Street, 4th Floor	TITLE OF REPRES Interim Exe		ZING OFFICER OR PERSON etor TELEPHONE 808-528-5557 FAX 808-528-0421
(City) Honolulu 1 1 1 1 (State)		EMAIL (Zip Code) 96813	
(Signature of Authorizing Officer or	_	ving activitie	es on behalf of the undersigned.
Colgridation of Authorizing Officer or	reison Represented)		(Date)

HAWAII ALL-PURPOSE ACKNOWLEDGMENT

H.R.S 502-41(6)	• \$\infty\fix\fix\fix\fix\fix\fix\fix\fix\fix\fix
State of Hawaii County of Honolulu	ss. the First Circuit Court, State of Hawaii, Name of Circuit
On this day of Vanuary, 20 18, in Month, 20 Year	n the First Circuit Court, State of Hawaii,
before me personally appeared	Name of Signer 1 (,) (and (,) to me personally known or proved
	ridence to be the person(s) whose name(s)
that such person(s) executed the foreg	poing instrument identified or described as as the free act and deed of such person(s),
and if applicable, in the capacity shown having in such capacity. The foregoing instrument is contained $\frac{2}{No. \ of \ Pages}$ pages at the time of the	Date of Document
NOTARY PUBLIC No. 17-168 NOTARY PUBLIC No. 17-168	Printed Name of Notary Public Notary Public — STATE OF HAWAII My commission expires: Tune 11, 2021 Naphre Kealoha Signature of Notary Public



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 RECEIVED

REGISTRATION

Lobbyist Registration (Type or Print Clearly) '18 JAN 19 P1:04

PART I LOBBYIST		
NAME (Last) (First) (Middle)		TELEPHONE
MAILING ADDRESS (No. and Street or	L	808 366-8950
MAILING ADDRESS (No. and Street or	P.O Box)	FAX
2465 Booth Road		EMAIL gany Lgill Egmail. can
(City) Honolulu	(State)	(Zip Code) 968 13
LOBBYIST FIRM/EMPLOYER (Fill in only if y	ou are employed by a business entity that has been retained to lobby)	TELEPHONE
Self/Gary Gill	Consultant	Same
MAILING ADDRESS (No. and Street or	P.O Box)	FAX
Same	, o	EMAIL Same (Zip Code) Same
(City) Same	(State)	(Zip Code)
32/100	Selver	Same
PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBE	BY FOR (Do not abbreviate)	TELEPHONE
Sierra Club of Hauxi	-	538-6616
MAILING ADDRESS (No. and Street or P.O Box)		FAX
P.O. Box 2577		EMAIL have Sievard by one
P.O. Box 2577 (City) Honolulu	(State)	(Zip Code) (Zip Code)
NUMBER OF MEMBERS (IF LOBBY O	N BEHALF OF MEMBERS)	💢 n/a
METHODS USED BY MEMBERS TO N	MAKE POLICY DECISIONS	☑ n/a
DADTUD NO LONGER LOS		
PART II.B NO LONGER LO	BRAING	
☐ I am no longer authorized to lobby	on behalf of the organization in Part II.A	DATE

Rev. 12/2017

☐Business & Economic Development	□Community Services □Cus		□Custo	omer Services	
□Culture & Arts	I : IEIOUSIUO I		☑Public Works, Infrastructure & Sustainability		
□Parks & Recreation	□Public Health,	Safety 8	Welfare	□Touris	sm
☑Transportation	ZZoning & Planning F		Bill No. Reso No Admin. F	fic Legislation:(Year) D(Year) Rule No	
☐Other (indicate below):					
PART IV LOBBYIST CER	TIEICATION				
PART IV LOBBTIST CER	TIFICATION		-6		
LOBBYIST SIGNATURE I 1 7 18 My co		By: NOTARY OF	ANY OFFICE	Jahvary Jol8 Jahvary Jol8 AL AUTHORIZED TO ADMINISTER OF HE POIRES: OF HAMILIAN OF HAMILIAN	
PART V AUTHORIZATION	N TO LOBBY	1		-	
NAME Marti Townsend	F		NTFD .		Director
NAME OF ORGANIZATION (if applicable)			TELEPHONE		
Sieva Club MAILING ADDRESS (No. and Street or P.O Box)			808.538-6616 FAX		
P.O. Box 2571					EMAIL hawaii. Chapter e suriaclus
(City) Honolulu	(State)	v. vi			(Zip Code)
I hereby authorize the above-named	person to engage	e in lobby	ing activiti	es on beh	

(Date)

(Signature of Authorizing Officer or Person Represented)

HAWAII JURAT WITH AFFIANT STATEMENT

State of Hawaii	
County of	
See attached document (Notary to c □ See statement below (Lines 1–7 to b	cross out lines 1–7 below.) see completed only by document signer[s].)
1	
2	
3	
4	
5	
6	
7	
Signature of Signer No. 1	Signature of Signer No. 2 (if any)
	This page,
	No. of Pages Description of Document
	dated N/A was subscribed and sworn
	Document Date
	to before me this 17th day of January, 20 18, in the
TARY OTARY	1st Circuit Court of the State of Hawaii, by
THE WALLES	Name of Circuit
OTAR OF	Gary L. Gill (.) (,)
TARY OTARY OF HAMILIAN OF HAMI	Name of Signer No. 1 (and
TE OF HAILIN	N/A
WWWWWW.	Name of Signer No. 2, if any
	01/17/2018
	Signature of Notary Date
	Jennifer S. Galinato
	Printed Name of Notary
Place Notary Seal or Stamp Above	My commission expires:
######################################	



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

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

HONOLULU THIS SPACE FOR PERICE USE ONLY

18 JAN 10 P7:05

REGISTRATION

Lobbyist Registration (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle)		TELEPHONE
Gold Joy		808-368-1146
MAILING ADDRESS (No. and Street or	P.O Box)	FAX
1136 Union Mall, Ste. 403		EMAIL
		joy@joygoldunlimited.com
(City)	(State)	(Zip Code)
Honolulu	HI	96813
LOBBYIST FIRM/EMPLOYER (Fill in only if yo	u are employed by a business enlily that has been retained to lobby)	TELEPHONE
MAILING ADDRESS (No. and Street or	P.O Box)	FAX
		EMAIL
(City)	(State)	(Zip Code)
PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Meadow Gold Dairies		808-944-5911
MAILING ADDRESS (No. and Street or	P.O Box)	FAX
925 Cedar Street		EMAIL john erickson@deanfoods.com
(City)	(State)	(Zip Code)
and the second s		96814
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		⊠ n/a
METHODS USED BY MEMBERS TO M.	AKE POLICY DECISIONS	⊠ n/a
PART II.B NO LONGER LOB	BYING	
	on behalf of the organization in Part II.A	DATE
, - -		

CDi	F SUBJEC		
☐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: Bill No(Year) Reso No(Year) Admin. Rule No Dept
☑Other (indicate below): waste i	management	disposal disc	ussion
PART IV LOBBYIST CER	TIFICATION		
COTTECT. JAN HALL LOBBYIST SIGNATURE 1/9/18 DATE	William No.	PUS NEGARY OF CAME	day of January , 2018. RANY OF TICIAL AUTHORIZED TO ADMINISTER OATHS mission expires:
		OF WHITEHINE	16.21
DART V ALITHORIZATION	I TO LOBBY	William	18-21
PART V AUTHORIZATION NAME John Erickson		Y TITLE OF AUTHOR REPRESENTED	IS-21
NAME ohn Erickson	G	Y TITLE OF AUTHOR	IZING OFFICER OR PERSON TELEPHONE
NAME John Erickson NAME OF ORGANIZATION (if applic	G	Y TITLE OF AUTHOR REPRESENTED	IZING OFFICER OR PERSON
NAME John Erickson NAME OF ORGANIZATION (if applic Meadow Gold Dairies	cable)	Y TITLE OF AUTHOR REPRESENTED	IZING OFFICER OR PERSON TELEPHONE
NAME	cable)	Y TITLE OF AUTHOR REPRESENTED	TELEPHONE 808-944-5911 FAX EMAIL John_erickson@deanfoods.com
NAME John Erickson NAME OF ORGANIZATION (if applice Meadow Gold Dairles MAILING ADDRESS (No. and Street 125 Cedar Street (City) Honolulu	cable) or P.O Box) (State)	Y TITLE OF AUTHOR REPRESENTED General Manager	TELEPHONE 808-944-5911 FAX EMAIL john_erickson@deanfoods.com (Zip Code) 96814
NAME Iohn Erickson NAME OF ORGANIZATION (if applice Meadow Gold Dairles MAILING ADDRESS (No. and Street) 125 Cedar Street (City)	cable) or P.O Box) (State)	Y TITLE OF AUTHOR REPRESENTED General Manager	TELEPHONE 808-944-5911 FAX EMAIL john_erickson@deanfoods.com (Zip Code) 96814
NAME John Erickson NAME OF ORGANIZATION (if applice Meadow Gold Dairles MAILING ADDRESS (No. and Street 125 Cedar Street (City) Honolulu	(State) Hawa	Y TITLE OF AUTHOR REPRESENTED General Manager	TELEPHONE 808-944-5911 FAX EMAIL John_erickson@deanfoods.com (Zip Code) 96814

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NOTARY PU	IBLIC CERTIFICATION
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Notary Signature

1-9-18 Date



HONOLULU ETHICS COMMISSION 925 DILLINGHAM BOULEVARD, STE. 180, HONOLULU, HI 96817

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

Lobbyist Registration (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle)		TELEPHONE
Gold, Joy		808-368-1146
MAILING ADDRESS (No. and Street	or P.O Box)	FAX
1136 Union Mail, Ste. 403	•	
		EMAIL Joy@joygoldunlimited.com
(City)	(State) Hawaii	(Zip Code)
LODDVIOT FIDALENCE	1	96813
LOBBYIST FIRM/EMPLOYER (Fill In only	if you are employed by a business entity that has been retained to lobby)	TELEPHONE
MAILING ADDRESS (No. and Street	or P.O Box)	FAX
		EMAIL
(City)	(State)	(Zip Code)
PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOS		TELEPHONE
KYD, Inc. dba: K Yamada Distributors		808-836-7301
MAILING ADDRESS (No. and Street of	or P.O Box)	FAX
2949 Koapaka Street		EMAIL dy@kyd-inc.com
(City) Honolulu	(State) Hawali	(Zip Code) 96819
NUMBER OF MEMBERS (IF LOBBY (ŕ	⊠ n/a
METHODS USED BY MEMBERS TO	MAKE POLICY DECISIONS	☑ n/a
PART II.B NO LONGER LO	RRYING	
i am no longer authorized to lobb	y on behalf of the organization in Part II.A	DATE

Rev. 12/2017

□Culture & Arts	□Community Services	☐Customer Services	
	□Housing	☑Public Works, Infrastructure & Sustainability	
Parks & Recreation	□Public Health, Safety & Welfare	□Tourism	
		⊠Specific Legislation:	
DTransportation	□Zoning & Planning	Bill No. <u>71,73,108Year)</u> 2017/201 Reso No(Year) Admin. Rule NoDept.	
Other (indicate below):			
ART IV LOBBYIST CEI	RTIFICATION		
hereby certify that the foregoing sorrect.	and the state of t	ed and sworn to before me	
Om Hill)	This	day of January , 2018	
DBBYIST SIGNATURE		143	
	O .* NOR ARY OR	ANY PEFIDIAL AUTHORIZED TO ADMINISTER OATHS	
/)			
1/9/2018		ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS AN LIFE J 1990 ission expires:	
1/9/2018	The Same High	18-21	
	ATE OF HAME 6-		
ART V AUTHORIZATIO	N TO LOBBY	18-21	
ART V AUTHORIZATIO	N TO LOBBY TITLE OF AUTHORIS REPRESENTED		
ART V AUTHORIZATIO ME exter Yamada	N TO LOBBY TITLE OF AUTHORIS REPRESENTED President	ZING OFFICER OR PERSON	
ART V AUTHORIZATIO ME exter Yamada ME OF ORGANIZATION (if appli	N TO LOBBY TITLE OF AUTHORIZ REPRESENTED President cable)	18-21	
ART V AUTHORIZATION ME exter Yamada ME OF ORGANIZATION (if application) ME, Inc. dba: K Yamada Distributors	N TO LOBBY TITLE OF AUTHORI REPRESENTED President cable)	ZING OFFICER OR PERSON TELEPHONE 808-836-7301	
ART V AUTHORIZATIO AME Exter Yamada AME OF ORGANIZATION (if application) AND AME AND AME	N TO LOBBY TITLE OF AUTHORI REPRESENTED President cable)	ZING OFFICER OR PERSON TELEPHONE 808-836-7301 FAX	
ART V AUTHORIZATION ME exter Yamada ME OF ORGANIZATION (if appliance) ME OF ORGANI	N TO LOBBY TITLE OF AUTHORIZ REPRESENTED President tor P.O Box)	ZING OFFICER OR PERSON TELEPHONE 808-836-7301	
ART V AUTHORIZATION ME exter Yamada ME OF ORGANIZATION (if appliance) ME OF ORGANI	N TO LOBBY TITLE OF AUTHORI REPRESENTED President cable)	ZING OFFICER OR PERSON TELEPHONE 808-836-7301 FAX EMAIL dy@kyd-inc.com (Zip Code)	
ART V AUTHORIZATIO AME exter Yamada AME OF ORGANIZATION (if application) AME OF ORGANIZATION (if applicat	N TO LOBBY TITLE OF AUTHORIZ REPRESENTED President tor P.O Box) (State) HI	ZING OFFICER OR PERSON TELEPHONE 808-836-7301 FAX EMAIL dy@kyd-inc.com (Zip Code) 96819	
ART V AUTHORIZATIO ME xter Yamada ME OF ORGANIZATION (if appli D, Inc. dba: K Yamada Distributors ILING ADDRESS (No. and Street 9 Koapaka Street Y) Honolulu	N TO LOBBY TITLE OF AUTHORIZ REPRESENTED President tor P.O Box) (State) HI person to engage in lobbying activities	ZING OFFICER OR PERSON TELEPHONE 808-836-7301 FAX EMAIL dy@kyd-inc.com (Zip Code) 96819	



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 27APE 500 PARTISE WAS ONLY
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REGISTRATION

Lobbyist Registration (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle)		TELEPHONE
Gold, Joy		808-368-1146
MAILING ADDRESS (No. and Street or P.O Box)		FAX
1136 Union Mall, Ste. 403		EMAIL
		joy@joygoldunlimited.com
(City) Honolulu	(State) Hawaii	(Zip Code)
		96813
LOBBYIST FIRM/EMPLOYER (Fill in only if	you are employed by a business entity that has been retained to lobby)	TELEPHONE
MAILING ADDRESS (No. and Street or	r P.O Box)	FAX
		EMAIL
		_
(City)	(State)	(Zip Code)
PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Dart Container Corporation /		(949) 262-3255
MAILING ADDRESS (No. and Street or	P.O Box)	FAX (949) 262-3256
4000 Barranca Parkway		EMAIL
(City)	(State)	jonathan.choi@dart.biz (Zip Code)
Irvine	California	92604
NUMBER OF MEMBERS (IF LOBBY O	N BEHALF OF MEMBERS)	
		⊠ n/a
METHODS USED BY MEMBERS TO N	W -/-	
	h no management	⋉ n/a
PART II.B NO LONGER LOI	BBYING	
l am no longer authorized to lobby	on behalf of the organization in Part II.A	DATE

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PART III DESCRIPTION (OF SUBJEC	TS ON	WHICH	YOU EXPECT TO LOBBY
⊠Business & Economic Development	□Community :	Services		□Customer Services
□Culture & Arts	□Housing			☑Public Works, Infrastructure & Sustainability
□Parks & Recreation	□Public Healt	h, Safety &	Welfare	□Tourism
□Transportation	□Zoning & Planning			MSpecific Legislation: Bill No. 71, 73 (Year)2017 Reso No. (Year) Admin. Rule No. Dept.
□Other (indicate below):				
PART IV LOBBYIST CER	TIFICATIO	N		
I hereby certify that the foregoing statements are true and correct. Subscribed and sworn to before me This 9 day of Jawary 2018 By: NOTARY STATE OF INTERMEDIATION ATTE OF INTERME				
PART V AUTHORIZATIO	N TO LOBE	3Y		
NAME Jonathan Choi		TITLE OF	=NTFD	RIZING OFFICER OR PERSON Vestern Region, Gov Affairs & Environment
NAME OF ORGANIZATION (if appl Dart Container Corporation	icable)			TELEPHONE (949) 262-3255
MAILING ADDRESS (No. and Stree 4000 Barranca Parkway	et or P.O Box)			FAX (949) 262-3256 EMAIL jonathan.choi@dart.biz
(City) Irvine	City) Irvine (State) California		(Zip Code) 92604	
I hereby authorize the above-named	d person to enga	age in lobby	ing activit	
(Signature of Authorizing Officer or	Person Represe	ented)		1/4/18 (Date)

Rev. 12/2017



	CERTIFICATION
Garrin J. Taga	First Judicial Circu
Doc. Description: Key	First Judicial Circu 13179 1800

No. of Pages: 2 Pate of Doc 1-9-18

ary Signature Date



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

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REGISTRATION

Lobbyist Registration (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle)		TELEPHONE
Hannemann Mulfufi F. MAILING ADDRESS (No. and Street or P.O Box) 2270 Kalakaua Avenue Suite 1702		(808) 923-0407
		FAX (808) 924-3843
		EMAIL
		mhannemann@hawaiilodging.org
(City) Honolulu	(State)	(Zip Code) 96815
LOBBYIST FIRM/EMPLOYER (Fill I	n only if you are employed by a business entity that has been retained to lobby)	TELEPHONE
	Disease .	
MAILING ADDRESS (No. and Stre	eet or P.O Box)	FAX
	The state of the s	EMAIL
(City)	(State)	(Zip Code)
PART II.A ORGANIZATI	ON	
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Hawaii Lodging & Tourism Associatio	n'	(808) 923-0407
MAILING ADDRESS (No. and Street	eet or P.O Box)	FAX (808) 924-3843
2270 Kalakaua Avenue		EMAIL info@hawaiilodging.org
(City)	(State)	(Zip Code)
NUMBER OF MEMBERS (IE LOD	DV ON DELIALE OF MEMBERS	96815
NUMBER OF MEMBERS (IF LOB	BY ON BEHALF OF MEMBERS)	☐ n/a
700	TO MAKE DOLLOW DECICIONS	_
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS Committee Meetings, Board of Directors Meetings		□ n/a
Committee Meetings, Board of Direct	ora miceuriga	111.5
PART II.B NO LONGER	LORRYING	
	lobby on behalf of the organization in Part II.A	DATE
-		<u> </u>

Rev. 12/2017

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		⊠Tourism	
⊠ Transportation	⊠Zoning & Planning	□ Specific Legislation: Bill No(Year) Reso No(Year) Admin. Rule No Dept	
□Other (indicate below):			

PART IV LOBBYIST CERTIFICATION	
HOTARY PUBLIC	Subscribed and sworn to before me This 10th day of January , 2018 By NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS Wy commission expires: 10/08/2021

PART V AUTHORIZATION TO	LOBBY	
NAME		AUTHORIZING OFFICER OR PERSON
Muliufi F Hannemann	REPRESE	
	President & (CEO
NAME OF ORGANIZATION (if applicable)	TELEPHONE
Hawaii Lodging & Tourism Association		(808) 923-0407
MAILING ADDRESS (No. and Street or P	.O Box)	FAX (808) 924-3843
2270 Kalakaua Avenue Suite 1702		EMAIL mhannemann@hawaiilodging.org
(City) (State)	(Zip Code)
, Honolulu	HI	96815
I hereby authorize the above-named pels	on to engage in lobbyii	ng activities on behalf of the undersigned.
July J. H	h-	1/10/18
(Signature of Authorizing Officer of Person	n Represented)	(Date)

Rev. 12/2017

Rev. 12/2017

No. 17-425

Notary Name: Tencey L. Ogawa First Circuit

Doc. Description Registration

No. 17-425

Notary Signature Of Notary Signature

Date



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

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REGISTRATION

Lobbyist Registration (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle)		TELEPHONE
Hayashí, Clyde ੯.		808-841-0491
MAILING ADDRESS (No. and Street or	P.O Box)	FAX 808-847-4782
2251 North School Street		EMAIL
		chayashi@opcmia630.org
(City) Honolulu	(State)	(Zip Code)
		96819
LOBBYIST FIRM/EMPLOYER (Fill in only if yo	u are employed by a business entity that has been retained to lobby)	TELEPHONE
MAILING ADDRESS (No. and Street or	P.O Box)	FAX
		EMAIL
(City)	(State)	(Zip Code)
	1	
PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBB	V FOR (Do not abbreviate)	TELEPHONE
Masons' Union, Local 630	T FOR (Do not appleviate)	808-841-0491
MAILING ADDRESS (No. and Street or	D O Pavi	
2251 North School Street	F.O BOX)	FAX ₈₀₈₋₈₄₇₋₄₇₈₂
		EMAIL masonplaster@hotmail.com
(City) Honolulu	(State) Hawaii	(Zip Code)
		96819
NUMBER OF MEMBERS (IF LOBBY OF	N BEHALF OF MEMBERS)	∏ n/a
980		
METHODS USED BY MEMBERS TO M.	AKE POLICY DECISIONS	
		□ n/a
Financial SecTreas./Business Manager is	elected to represent members and lead union.	□ n/a
	elected to represent members and lead union.	□ n/a
Financial SecTreas./Business Manager is	elected to represent members and lead union.	□ n/a

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PART III DESCRIPTION	OF SUBJECTS ON	WHICH	I YOU EXPECT TO LOBBY
⊠Business & Economic Development	□Community Services		□Customer Services
□Culture & Arts	□Housing		
□Parks & Recreation	□Public Health, Safety & Welfare		□Tourism
⊠Transportation	⊠Zoning & Planning		□Specific Legislation: Bill No(Year) Reso No(Year) Admin. Rule No Dept
⊠Other (indicate below): Constr	uction Industry-	relate	d legislation/concerns
PART IV LOBBYIST CER	RTIFICATION		
I hereby certify that the foregoing storrect. LOBBYIST SIGNATURE	atements are true and	This _q	day of January , 8018. RANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS
1-9-18 My DATE		My comr	nission expirës RI LYNN K. K. TANAKA Notary Public, First Judicial Circult State of Hawaii *1y Commission Expires: January 29, 2018

PART V AUTHORIZATION TO LOBBY		
NAME Peter T. Iriarte	TITLE OF AUTHORIZ REPRESENTED	ZING OFFICER OR PERSON
	Financial Secretary-Tre	asurer/Business Manager
NAME OF ORGANIZATION (if applicable)		TELEPHONE
Masons' Union, Local 630		808-841-0491
MAILING ADDRESS (No. and Street or P.O Box))	FAX 808-847-4782
2251 North School Street		EMAIL masonplaster@hotmail.com
(City) Honolulu (State)	ławaii	(Zip Code) 96819
I hereby authorize the above-named person to en (Signature of Authorizing Officer or Person Representation)		s on behalf of the undersigned. \[\lambda \

NOTE: This is a public document.

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Notary Name: TERRI LYNN K.K. TAN		
Doc. Description: Registration		
Juny & k. Jariah Notary Signature	1/9/2018	6



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

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REGISTRATION

Lobbyist Registration (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle)		TELEPHONE
Higashi Jared S.		(808) 923-0407
MAILING ADDRESS (No. and Street o	r P.O Box)	FAX (808) 924-3843
2270 Kalakaua Avenue Suite 1702		
		EMAIL jhigashi@hawaiilodging.org
(City) Honolulu	(State)	(Zip Code)
		96815
LOBBYIST FIRM/EMPLOYER (Fill in only if the control of the control	you are employed by a business entity that has been retained to lobby)	TELEPHONE
MAILING ADDRESS (No. and Street or	P.O Box)	FAX
	WHO 5	EMAIL
(City)	(State)	(Zip Code)
PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBI	BY FOR (Do not abbreviate)	TELEPHONE
Hawaii Lodging & Tourism Association		(808) 923-0407
MAILING ADDRESS (No. and Street or	P.O Box)	FAX (808) 924-3843
2270 Kalakaua Avenue		EMAIL
(0)		info@hawaiilodging.org
(City)	(State)	(Zip Code)
NUMBER OF MEMBERS (IF LORBY O	N DELIALE OF MEMBEROY	96815
NUMBER OF MEMBERS (IF LOBBY O	N BEHALF OF MEMBERS)	☐ n/a
METHODS USED BY MEMBERS TO N	MAKE POLICY DECISIONS	
Committee Meetings, Board of Directors Me	eetings	n/a
PART II.B NO LONGER LO	BBYING	
☐ I am no longer authorized to lobby	on behalf of the organization in Part II.A	DATE
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☑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: Bill No(Year) Reso No(Year) Admin. Rule No Dept

PART IV LOBBYIST CERTIFICATION	
I hereby certify that the foregoing statements are true and correct. NOTARY PUBLIC No. 17-425 DATE I hereby certify that the foregoing statements are true and correct. NOTARY PUBLIC NO. 17-425	Subscribed and sworn to before me This _10th day of _January, _2018 By: NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires:

PART V AUTHORIZATION	TO LOBBY	
NAME Muliufi F Hannemann	TITLE OF AUTH REPRESENTED President & CEO	ORIZING OFFICER OR PERSON
NAME OF ORGANIZATION (if applications	able)	TELEPHONE
Hawaii Lodging & Tourism Association		(808) 923-0407
MAILING ADDRESS (No. and Street	or P.O Box)	FAX (808) 924-3843
2270 Kalakaua Avenue Suite 1702		EMAIL mhannemann@hawaiilodging.org
(City)	(State)	(Zip Code)
Honolulu	HI	96815
I hereby authorize the above-named p	person to engage in lobbying ac	tivities on behalf of the undersigned.
Muly A. C. W		1/10/18
(Signature of Authorizing Officer or Pe	erson Represented)	(Date)

UNDATED AT THE
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NOTARY: This is a public document.
Doc. Description Registration

No. 17-425

Notary Signature

Notary Signature

Notary Signature

Date

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HONOLULU ETHICS COMMISSION

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

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REGISTRATION

Lobbyist Registration (Type or Print Clearly)

18 JAN -8 P4:25

PART I LOBBYIST		
NAME (Last) (First) (Middle)		TELEPHONE
Hong, Lea MAILING ADDRESS (No. and Street or P.O		524-8563
MAILING ADDRESS (No. and Street or P.O	Box)	FAX
1003 Bishop Street, Suite.	740	524-8565 EMAIL
		lea, hong & tolorg
(City) (S	itate)	(Zip Code)
Honolulu	41	96822
LOBBYIST FIRM/EMPLOYER (Fill in only if you are e	employed by a business entity that has been retained to lobby)	TELEPHONE
*		
MAILING ADDRESS (No. and Street or P.O	Box)	FAX
		EMAIL
(City)	itate)	(Zip Code)
- 1	195	
PART II.A ORGANIZATION	OR (Do not abbreviate)	TELEBLIONE
NAME OF ORGANIZATION YOU LOBBY FO	5/20	TELEPHONE
NAME OF ORGANIZATION YOU LOBBY FO	5/20	324-8560
NAME OF ORGANIZATION YOU LOBBY FO The Trust for Public Lan MAILING ADDRESS (No. and Street or P.O.	Box)	524-8560 FAX 524-8565
NAME OF ORGANIZATION YOU LOBBY FO	Box)	524-8560 FAX 524-8565 EMAIL
NAME OF ORGANIZATION YOU LOBBY FO The Trust for Public Lan MAILING ADDRESS (No. and Street or P.O. 1003 Bishop St., Suite (City) (Sta	Box) 740 ate)	524-8560 FAX 524-8565
NAME OF ORGANIZATION YOU LOBBY FO The Trust for Public Lan MAILING ADDRESS (No. and Street or P.O. 1003 Bishop St., Suite (City) (Sta	Box) 740 ate)	524-8560 FAX 524-8565 EMAIL
NAME OF ORGANIZATION YOU LOBBY FOR The Trust for Public Land MAILING ADDRESS (No. and Street or P.O. 1003 Bishop St., Suite	Box) 740 ate)	524-8560 FAX 524-8565 EMAIL Leathong atplore (Zip Code)
NAME OF ORGANIZATION YOU LOBBY FO The Trust for Public Lan MAILING ADDRESS (No. and Street or P.O. 1003 Bishop St., Suite (City) (Sta	Box) 740 ate) EHALF OF MEMBERS)	524-8560 FAX 524-8565 EMAIL Leathong atplore (Zip Code) 96822 Den/a
NAME OF ORGANIZATION YOU LOBBY FOR The Trust for Public Land MAILING ADDRESS (No. and Street or P.O. 1003 Bishop St., Suite (City) (State Honolulu NUMBER OF MEMBERS (IF LOBBY ON BE	Box) 740 ate) EHALF OF MEMBERS)	524-8560 FAX 524-8565 EMAIL Leathong atplore (Zip Code) 9 96822
NAME OF ORGANIZATION YOU LOBBY FOR The Trust for Public Land MAILING ADDRESS (No. and Street or P.O. 1003 Bishop St., Suite (City) (Statement of MEMBERS (IF LOBBY ON BEMETHODS USED BY MEMBERS TO MAKE	Box) 740 ate) HI EHALF OF MEMBERS) E POLICY DECISIONS	524-8560 FAX 524-8565 EMAIL Leathong atplore (Zip Code) 96822 Den/a
NAME OF ORGANIZATION YOU LOBBY FOR The Trust for Public Land MAILING ADDRESS (No. and Street or P.O. 1003 Bishop St., Suite (City) (State Honolulu NUMBER OF MEMBERS (IF LOBBY ON BE	Box) 740 ate) HI EHALF OF MEMBERS) E POLICY DECISIONS	524-8560 FAX 524-8565 EMAIL Leathong atplore (Zip Code) 96822 Den/a
NAME OF ORGANIZATION YOU LOBBY FOR The Trust for Public Land MAILING ADDRESS (No. and Street or P.O. 1003 Bishop St., Suite (City) (State Honolulus NUMBER OF MEMBERS (IF LOBBY ON BE METHODS USED BY MEMBERS TO MAKE	Box) 740 ate) HI EHALF OF MEMBERS) E POLICY DECISIONS	524-8560 FAX 524-8565 EMAIL Leathong atplore (Zip Code) 96822 Den/a

☐Business & Economic	□Community Services		☐Customer Services
Development	Community Services		
□Culture & Arts	☐Housing		□Public Works, Infrastructure & Sustainability
□Parks & Recreation	□Public Health, Safety	& Welfare	□Tourism
			☐Specific Legislation:
□Transportation	□Zoning ⁸ Planning		Bill No(Year) Reso No(Year)
□Transportation	□Zoning & Planning		Admin. Rule No(Year) Dept
Other (indicate below):	ter & Natural Lan	de	
OPERAN NO	Hor Granman Par		1 E 1 1861 A 1 1861
PART IV LOBBYIST C	ERTIFICATION		
I hereby certify that the foregoing	na statements are true and	Subscrib	ed and sworn to before me
Thereby certify that the foregoing statements are true and		This 4	_ day of January , 2018
No 1/2			
LOBBYIST SIGNATURE		By:	S. PANOFFICIAL AUTHORIZED TO ADMINISTER, CATHS
			= 0:43.0=
1/4/2018 DATE		My comm	mission expires:
DATE APR (0 5 2019 OF HAMMING	
PART V AUTHORIZAT	TON TO LOBBY		
NAME			IZING OFFICER OR PERSON
Lea Hong	l l	SENTED Le Dired	ter
NAME OF ORGANIZATION (if a	applicable)		TELEPHONE
The Trust for Pu	ublic Land		524-8563
		·	FAX
1003 Bishop St., S	vite 740		534-8565 EMAIL
(City)	(State)		(Zip Code)
Honolula	HI		968 22
I hereby authorize the above-na	med person to engage in Johi	hvina activiti	ies on behalf of the undersigned.
Thereby dainonze the above ha	med person to engage in lobi	synig activiti	1/4/2018

(Date)

(Signature of Authorizing Officer or Person Represented)

JURAT WITH AFFIANT STATEMENT

State of Hawaii	
County of Honolulu	SS.
First Judicial Circuit	
oddicial Circuit	
See attached document (Notary to c	cross out lines 1–8 below.) De completed only by document signer[s].)
	THE THE THE SHE SHE SHE SHE SHE SHE SHE SHE SHE S
2	
3	
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5	
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UK	NA
Signature of Signer No. 1	Signature of Signer No. 2
Document Description:	Subscribed and sworn to (or affirmed) before me
Revietration	
to find the	this day of, 20_18,
1411.0 / 0040	by
Document Date: JAN 0 4 2018	(1) Lea Horry
No. Pages:	Name of Signer
	and
	(2) Name of Signer
AS. PANELLE START OF HAMILIAN	Speecy JAN 0 4 2018
S NOTARI CO	Notary's Signature Date
ON CORLIC S	Sheila S. Panergo
	Printed Name of Notary
WWWWWWW.	My commission expires: APR 0 5 2019



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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REGISTRATION

Lobbyist Registration (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle)		TELEPHONE
Hudson, Jennifer	503-708-9714	
MAILING ADDRESS (No. and Street or	r P.O Box)	FAX
91-056 Hanua Street		F34411
		EMAIL jhudson@schn.com
(City) Kapolei	(State)	(Zip Code)
		96707
LOBBYIST FIRM/EMPLOYER (Fill In only If)	ou are employed by a business entity that has been retained to lobby)	TELEPHONE
MAILING ADDRESS (No. and Street or	P.O Box)	FAX
		EMAIL
(City)	(State)	(Zip Code)
PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBE	BY FOR (Do not abbreviate)	TELEPHONE
Schnitzer Steel Hawaii Corp		503-708-9714
MAILING ADDRESS (No. and Street or	P.O Box)	FAX
91-056 Hanua Street		EMAIL
(City) Kapolei	(State)	(Zip Code)
		96707
NUMBER OF MEMBERS (IF LOBBY O	N BEHALF OF MEMBERS)	⊠ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		⋉ n/a
PART II.B NO LONGER LOS	BBYING	
	on behalf of the organization in Part II.A	DATE

PART III DESCRIPTION	OF SUBJECTS	SON	WHICH	YOU EXPECT TO LOBBY	
⊠Business & Economic Development	□Community Services			□Customer Services	
□Culture & Arts	□Housing			☑Public Works, Infrastructure & Sustainability	
□Parks & Recreation	□Public Health, S	Safety &	Welfare	□Tourism	
				□Specific Legislation:	
□Transportation	□Zoning & Planning			Bill No(Year) Reso No(Year) Admin. Rule No Dept	
□Other (indicate below):					
PART IV LOBBYIST CER	RTIFICATION				
TAILT IV LODDING! CLI	THIOAIION				
I hereby certify that the foregoing s	tatements are true a	and	Subscribed and sworn to before me		
correct.			This 8 day of January, 2018.		
LOBE VIST SIGNATURE			By: NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS		
1-8-18 DATE	My		My comr	mission expression exp	
PART V AUTHORIZATIO	N TO LOBBY	,			
NAME Jennifer Hudson	RI	EPRESE		RIZING OFFICER OR PERSON	
NAME OF ORGANIZATION (if app				TELEPHONE	
Schnitzer Steet Hawaii Corp			503-708-9714		
MAILING ADDRESS (No. and Street or P.O Box)			FAX		
91-056 Hanua Street				EMAIL jhudson@schn.com	
(City) Honolulu	(State)			(Zip Code)	
I hereby authorize the above-named person to engage in lobbying activ		ing activit			
Signature of Authorizing Officer or Person Represented)			(Date)		



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

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REGISTRATION

Lobbyist Registration (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle)		TELEPHONE
losua, Michael L.		521-9500
MAILING ADDRESS (No. and Street or	P.O Box)	FAX ₅₄₁₋₉₀₅₀
745 Fort Street Mall, 17th Floor		EMAIL miosua@imanaka-asato.com
(City) Honolulu	(State)	(Zip Code)
		96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you	u are employed by a business entity that has been retained to lobby)	TELEPHONE
Imanaka Asato, LLLC		521-9500
MAILING ADDRESS (No. and Street or I	P.O Box)	FAX ₅₄₁₋₉₀₅₀
745 Fort Street Mall, 17th Floor		EMAIL
(City) Honolulu (State)		(Zip Code)
i ionolulu	П	96813

PART II.A ORGANIZATI	ON	
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Verizon Communications/		949-286-7202
MAILING ADDRESS (No. and Street or P.O Box) HQ Public Policy, Law and Security Department		FAX
15505 Sand Canyon Avenue		EMAIL jesus.g.roman@verizon.com
(City) Irvine (State) CA		(Zip Code) 92618
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		⋉ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		⋉ n/a

PART II.B NO LONGER LOBBYING	
☐ I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE

Rev. 12/2017

PART III DESCRIPTION	OF SUBJECTS	SONV	VHICH	YOU EXPECT TO LOBBY
☑Business & Economic Development	□Community Services			□Customer Services
□Culture & Arts	□Housing			☑Public Works, Infrastructure & Sustainability
□Parks & Recreation	□Public Health, S	Safety & \	Velfare	□Tourism
□Transportation	⊠Zoning & Planning			□Specific Legislation: Bill No(Year) Reso No(Year) Admin. Rule No Dept
☐Other (indicate below):				
PART IV LOBBYIST CER	TIFICATION			
Correct. This by: Charmai NOTARY OF Regist January 16, 2018 This by: Charmai NOTARY OF Regist My comm		This LG By: Charmair NOTARY OR Registro	ne Ross Any Official Authorized to Administer Oaths mission expires: 2021	
PART V AUTHORIZATION NAME Jesús G. Román	רוד	TI E OE /	AUTHOR NTED neral Cou	RIZING OFFICER OR PERSON OF HAND Unsel-Pacific & North Central Market TELEPHONE
NAME OF ORGANIZATION (if applicable) Verizon Communications			TELEPHONE 949-286-7202	
MAILING ADDRESS (No. and Street or P.O Box)			FAX	
HQ Public Policy, Law and Security Department 15505 Sand Canyon Avenuel			EMAIL jesus.g.roman@verizon.com	
(City) Irvine	(State)			(Zip Code) 92618
I hereby authorize the above-named person to engage in lobbying activities of Signature of Authorizing Officer or Person Represented)				



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REGISTRATION

Lobbyist Registration (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle)		TELEPHONE
Iriarte, Peter T.		808-841-0491
MAILING ADDRESS (No. and Street or	P.O Box)	FAX 808-847-4782
2251 North School Street		EMAIL
		masonplaster@hotmail.com
(City) Honolulu	(State)	(Zip Code)
		96819
LOBBYIST FIRM/EMPLOYER (Fill in only if yo	ou are employed by a business entity that has been retained to lobby)	TELEPHONE
MAILING ADDRESS (No. and Street or	P.O Box)	FAX
		EMAIL
(City)	(State)	(Zip Code)
100		
DADT II A ODGANIZATION		
PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBE	BY FOR (Do not abbreviate)	TELEPHONE
NAME OF ORGANIZATION YOU LOBE Masons' Union, Local 630/		808-841-0491
NAME OF ORGANIZATION YOU LOBE Masons' Union, Local 630/ MAILING ADDRESS (No. and Street or		808-841-0491
NAME OF ORGANIZATION YOU LOBE Masons' Union, Local 630/ MAILING ADDRESS (No. and Street or 2251 North School Street	P.O Box)	808-841-0491 FAX ₈₀₈₋₈₄₇₋₄₇₈₂ EMAIL
NAME OF ORGANIZATION YOU LOBE Masons' Union, Local 630/ MAILING ADDRESS (No. and Street or 2251 North School Street	P.O Box)	808-841-0491 FAX ₈₀₈₋₈₄₇₋₄₇₈₂
NAME OF ORGANIZATION YOU LOBE Masons' Union, Local 630/ MAILING ADDRESS (No. and Street or 2251 North School Street (City) Honolulu	P.O Box) (State) Hawaii	808-841-0491 FAX 808-847-4782 EMAIL masonplaster@hotmail.com
NAME OF ORGANIZATION YOU LOBE Masons' Union, Local 630/ MAILING ADDRESS (No. and Street or 2251 North School Street	P.O Box) (State) Hawaii	808-841-0491 FAX 808-847-4782 EMAIL masonplaster@hotmail.com (Zip Code) 96819
NAME OF ORGANIZATION YOU LOBE Masons' Union, Local 630/ MAILING ADDRESS (No. and Street or 2251 North School Street (City) Honolulu NUMBER OF MEMBERS (IF LOBBY O 980	P.O Box) (State) Hawaii N BEHALF OF MEMBERS)	808-841-0491 FAX 808-847-4782 EMAIL masonplaster@hotmail.com (Zip Code)
NAME OF ORGANIZATION YOU LOBE Masons' Union, Local 630/ MAILING ADDRESS (No. and Street or 2251 North School Street (City) Honolulu NUMBER OF MEMBERS (IF LOBBY O	P.O Box) (State) Hawaii N BEHALF OF MEMBERS)	808-841-0491 FAX 808-847-4782 EMAIL masonplaster@hotmail.com (Zip Code) 96819 □ n/a
NAME OF ORGANIZATION YOU LOBE Masons' Union, Local 630 MAILING ADDRESS (No. and Street or 2251 North School Street (City) Honolulu NUMBER OF MEMBERS (IF LOBBY O 980 METHODS USED BY MEMBERS TO M	P.O Box) (State) Hawaii N BEHALF OF MEMBERS)	808-841-0491 FAX 808-847-4782 EMAIL masonplaster@hotmail.com (Zip Code) 96819
NAME OF ORGANIZATION YOU LOBE Masons' Union, Local 630 MAILING ADDRESS (No. and Street or 2251 North School Street (City) Honolulu NUMBER OF MEMBERS (IF LOBBY O 980 METHODS USED BY MEMBERS TO N Financial SecTreas./Business Manager is	P.O Box) (State) Hawaii N BEHALF OF MEMBERS) MAKE POLICY DECISIONS elected to represent members and lead union.	808-841-0491 FAX 808-847-4782 EMAIL masonplaster@hotmail.com (Zip Code) 96819 □ n/a
NAME OF ORGANIZATION YOU LOBE Masons' Union, Local 630 MAILING ADDRESS (No. and Street or 2251 North School Street (City) Honolulu NUMBER OF MEMBERS (IF LOBBY O 980 METHODS USED BY MEMBERS TO M	P.O Box) (State) Hawaii N BEHALF OF MEMBERS) MAKE POLICY DECISIONS elected to represent members and lead union.	808-841-0491 FAX 808-847-4782 EMAIL masonplaster@hotmail.com (Zip Code) 96819 □ n/a

PART III DESCRIPTION C	F SUBJECT	TS ON	WHICH	YOU E	EXPECT TO LOBBY
⊠Business & Economic Development	□Community Services		□Customer Services		
□Culture & Arts	□Housing		☑Public Works, Infrastructure & Sustainability		
□Parks & Recreation	□Public Health,	Safety &	Welfare	□Touris	m
	10			□Specifi	c Legislation:
⊠Transportation	☑Zoning & Planning		Bill No. (Year) Reso No. (Year) Admin. Rule No. Dept.		
☑Other (indicate below): Const.	ruction Ind	dustry	-relat	ed leg	islation/concerns.
PART IV LOBBYIST CER	TIFICATION				
TAKTIV LOBBITOT OLK	TILIOATION				
I hereby certify that the foregoing sta	atements are true	and			orn to before me
correct.			This _9	day of	January 2018
The test of the te	-		By:	day of January, 2018.	
			NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS		
			My comp	oiccion ov	niros:
119 18		IVIY COITIII	TERRI L	pires: YNN K. K. TANAKA	
DATE \			St	lic, First Judicial Circuit ate of Hawaii	
	May May		My	Commission	Expires: January 29, 2018
PART V AUTHORIZATION	N TO LOBBY	Y			
			IZING OF	FICER OR PERSON	
		inancial S	ecretary-Tr	easurer/Bu	usiness Manager
NAME OF ORGANIZATION (if applied	cable)				TELEPHONE
Masons' Union, Local 630				808-841-0491	
MAILING ADDRESS (No. and Street or P.O Box)			D.	FAX 808-847-4782	
2251 North School Street			EMAIL		
(City)	(State)				masonplaster@hotmail.com (Zip Code)
Honolulu	(State) Hawaii			96819	
Thereby authorize the above-named	person to engage	e in lobby	ing activiti	ies on beh	alf of the undersigned.
1918			9/18		
(Signature of Authorizing Officer or F	Person Represent	ted)			(Date)

Document Date: ON ORIVOUS #	Pages: 3	
Notary Name: TERRI LYNN K.K. TANA Doc. Description: RUGISTRATIO	KA First Circuit	
Sunga be Show	1/4/2018	
Notary Signature	Date	20 Junior Williams



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REGISTRATION

Lobbyist Registration (Type or Print Clearly)

PROPERTY AND STREET	The state of the s	
PART I LOBBYIST		
NAME (Last) (First) (Middle)		TELEPHONE
Kaakua, Laura Hokunani Edmunds		8085248562
MAILING ADDRESS (No. and Street or P.O Box) The Trust for Public Land, 1003 Bishop Street, Suite 740		FAX ₈₀₈₅₂₄₈₅₆₅
		EMAIL laura.kaakua@tpl.org
(City) Honolulu	(State) Hawaii	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if yo	ou are employed by a business entity that has been retained to lobby)	TELEPHONE
MAILING ADDRESS (No. and Street or	P.O Box)	FAX
		EMAIL
(City)	(State)	(Zip Code)
PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBB	Y FOR (Do not abbreviate)	TELEPHONE
The Trust for Public Land		8085248562
MAILING ADDRESS (No. and Street or 1003 Bishop Street, Suite 740	P.O Box)	FAX ₈₀₈₅₂₄₈₅₆₅
		EMAIL laura.kaakua@tpl.org
(City) Honolulu (State) Hawaii		(Zip Code) 96813
NUMBER OF MEMBERS (IF LOBBY OF	▼ n/a	
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		🗷 n/a
PART II.B NO LONGER LOB	BYING	
☐ I am no longer authorized to lobby	on behalf of the organization in Part II.A	DATE

Rev. 12/2017

PART III DESCRIPTION	OF SUBJE	CTS ON	WHICH	YOU EXPECT TO LOBBY	
☐Business & Economic Development	□Community Services			□Customer Services	
□Culture & Arts	□Housing			□Public Works, Infrastructure & Sustainability	
□Parks & Recreation	□Public Hea	Ith, Safety 8	k Welfare	□Tourism	
□Transportation	□Zoning & Planning			□Specific Legislation: Bill No. (Year) Reso No. (Year) Admin. Rule No. Dept.	
■Other (indicate below): Clem	. Water an	d Natu	ral Land	ds Fund projects	
PART IV LOBBYIST CER	RTIFICATIO	N			
I hereby certify that the foregoing state correct. LOBBYIST SIGNATURE I/I// I/8 DATE PART V AUTHORIZATIO NAME Lea Hong		BY TITLE OF REPRESI	This By NOTARY OF My comm MAY AUTHOR ENTED	day of ANUARY , 2018. ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS Laura Gatchalian mission expires: 4, 2018 NOTAR PUBLIC No. 14 138 AUZING OFFICER OR PERSON. TO OF HAVE	
NAME OF ORGANIZATION (if applicable) The Trust for Public Land		TELEPHONE 8085248563			
MAILING ADDRESS (No. and Street or P.O Box) 1003 Bishop Street, Suite 740		FAX 8085248565 EMAIL lea.hong@tpl.org			
(City) Honolulu	(State) Hawaii		(Zip Code) 96813		
(Signature of Authorizing Officer or			ving activiti		
GAT CATO				2	

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NOTE: This is a public document.

Document Date: 1/11/2018 # Pages 2

Notary Name: Laura Gatchalian First Circuit

Doc. Description: REGISTRATION





PART I LOBBYIST

HONOLULU ETHICS COMMISSION

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

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REGISTRATION

Lobbyist Registration (Type or Print Clearly)

18 JAN -3 P2:03

NAME (Last) (First) (Middle)	TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)	3814658
MAILING ADDRESS (No. and Street or P.O Box)	FAX 6716901
94-497 UKee st.	EMAIL . C
	Iw mel & Julio Ca
(City) (State)	(Zip Gode)
wai pahu Hi	
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)	TELEPHQNE
Ivon workers STAB Fand	3214658
MAILING ADDRESS (No. and Street or P.O Box)	FAX 671 6901
94-497 UKee St.	(Zip Code)
(City) (State)	(Zip Code)
inai pahu 1+1	96.797
PART II.A ORGANIZATION	
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)	Sm e
	FAX
some as above	EMAIL
(City) (State)	(Zip Code)
	(=,p 3333)
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)	
	∏ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS	
	□ n/a
PART II.B NO LONGER LOBBYING	
☐ I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE

DART III DESCRIPTION C	SE CUR LECTE ON	WHICH	LVOILEVECT TO LODBY
Business & Economic	Community Services	WILLE	YOU EXPECT TO LOBBY Customer Services
Development ☐Culture & Arts	∯Housing		Public Works, Infrastructure & Sustainability
Parks & Recreation	Debublic Health, Safety &	Welfare	Tourism
Transportation	□Sp Bill N Reso Adm		□Specific Legislation: Bill No(Year) Reso No(Year) Admin. Rule No Dept
□Other (indicate below):			
PART IV LOBBYIST CER	TIFICATION		
I hereby certify that the foregoing state correct. Mullipoint California Cal		This Zn By: NOTARY OF	day of Anuay, 2010. HANY OF ACIAL AUTHORIZED TO ADMINISTER OATHS mission expires:
	80		See attached Notary Form
PART V AUTHORIZATION	N TO LORRY		
NAME Arnold Wong Ironworkers S(ab) NAME OF ORGANIZATION (if applied)	TITLE OF REPRESE		Head Lobbyist Colonial TELEPHONE
MAILING ADDRESS (No. and Stree	t or P.O Box)		FAX
94-497 UKee St			EMAIL
94-497 UKee St (City) Waspahu	(State) H_Z		(Zip Code) 97797
I hereby authorize the above-named	person to engage in lobby	ving activit	ies on behalf of the undersigned.
Me			1/3/18
(Signature of Authorizing Officer or F	Person Represented)		(Date)

STATE OF HAWAII	} } SS.
COUNTY OF HONOLULU	}
	2018, before me personally appeared me known to be the person described in and who and acknowledgment thathe executed the same as
Witness my hand and seal. NOTARY PUBLIC 12-295 12-11-11-11-11-11-11-11-11-11-11-11-11-1	EMILYMORTON My Commission expires: 09/02/2020
Doc Date: 1/2/18 Notary Name: EMILY MORTON Doc Description: REGISTRATION LO	No. Pages: 2 St Circuit Day 1st Camm. No. 12-295 Date

Date



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

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REGISTRATION

Lobbyist Registration (Type or Print Clearly)

PART I LOBBYIST	-	
NAME (Last) (First) (Middle)	4	TELEPHONE
	808-532-2244	
KAI, GARY K.		
MAILING ADDRESS (No. and Street or	P.O Box)	FAX
1003 BISHOP STREET, SUITE 2630		EMAIL HIBR@AOL.COM
(City) HONOLULU	(State)	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you	ou are employed by a business entity that has been retained to lobby)	TELEPHONE
HAWAII BUSINESS ROUNDTABLE		808-532-2244
MAILING ADDRESS (No. and Street or	P.O Box)	FAX
1003 BISHOP STREET, SUITE 2630		EMAIL HIBR@AOL.COM
(City) HONOLULU	(State)	(Zip Code)
1101102020		96813
		NIA-14-18-18-18-18-18-18-18-18-18-18-18-18-18-
PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBE	BY FOR (Do not abbreviate)	TELEPHONE
HAWAII BUSINESS ROUNDTABLE		808-532-2244
MAILING ADDRESS (No. and Street or	P.O Box)	FAX
1003 BISHOP STREET, SUITE 2630		EMAIL HIBR@AOL.COM
(City) HONOLULU	(State) HI	(Zip Code) 96813
NUMBER OF MEMBERS (IF LOBBY O	□ n/a	
METHODS USED BY MEMBERS TO M VOTE	AKE POLICY DECISIONS	□ n/a
270 200		
PART II.B NO LONGER LO	BBYING	
☐ 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				
☑Business & Economic Development	□Community S	Services		□Customer Services
□Culture & Arts	□Housing			□Public Works, Infrastructure & Sustainability
□Parks & Recreation	☑Public Health	n, Safety &	Welfare	□Tourism
⊠Transportation	□Zoning & Planning F			□Specific Legislation: Bill No(Year) Reso No(Year) Admin. Rule No Dept
Other (indicate below):				
DADT IVI ODDVIGT OF	TIEIO A TICA			
PART IV LOBBYIST CER	TIFICATION	N		
This 4th Correct. This 4th By: D. NOTARY OR DATE PART V AUTHORIZATION TO LOBBY			day of	
RICHARD WACKER	1	REPRESE CHAIRMAN		
NAME OF ORGANIZATION (if applicable) HAWAII BUSINESS ROUNDTABLE		TELEPHONE 808-532-2244		
MAILING ADDRESS (No. and Stree 1003 BISHOP STREET, SUITE 2630	·			FAX
(City) HONOLULU	(State)			(Zip Code) 96813
I hereby authorize the above-named		ge in lobby	ing activiti	
(Signature of Authorizing Officer or I	Person Represer	nted)		(Date)

NOTE: This is a public observent.

Dec. Date: Yall8
Name: Quartonam
Registration
Registration
Workery Signature
NOTARY CERTIFICATION

Dec. Date: Yall8
Name: Quartonam
Dec. Date: Yall8
Name: Quartona



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 FORTHING THE PROPERTY ON RECEIVED

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REGISTRATION

Lobbyist Registration (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle)		TELEPHONE
KAKU, BEVÉRLY J.		(808) 548-4811
MAILING ADDRESS (No. and S	treet or P.O Box)	FAX (808) 548-2975
680 IWILEI ROAD, SUITE 510		EMAIL
(City) HONOLULU	(State)	(Zip Code) 96817
LOBBYIST FIRM/EMPLOYER (F	TELEPHONE	
CASTLE & COOKE, INC.	(808) 548-4811	
MAILING ADDRESS (No. and S	treet or P.O Box)	FAX (808) 548-2975
680 IWILEI ROAD, SUITE 510		EMAIL bkaku@castlecooke.com
(City) HONOLULU	(State) HAWAII	(Zip Code)
HONOLOLO	DAVVAII	96817

PART II.A ORGANIZATION	ON	
NAME OF ORGANIZATION YOU L	OBBY FOR (Do not abbreviate)	TELEPHONE
CASTLE & COOKE, INC.		(808) 548-4811
		FAX (808) 548-2975
680 IWILEI ROAD, SUITE 510		EMAIL
(City)	(State)	(Zip Code) 96817
NUMBER OF MEMBERS (IF LOBE	⋉ n/a	
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		⋉ n/a

PART II.B NO LONGER LOBBYING	
☐ I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE

DART III DESCRIPTION O	OF SUBJEC	TS ON	WHICH	YOU EXPECT TO LOBBY
Business & Economic Development			************	□Customer Services
□Culture & Arts	⊠Housing			☑Public Works, Infrastructure & Sustainability
□Parks & Recreation	□Public Healtl	n, Safety &	Welfare	□Tourism
				☐Specific Legislation:
□Transportation	⊠Zoning & Planning			Bill No(Year) Reso No(Year) Admin. Rule No Dept
□Other (indicate below):				
		<u> </u>		
PART IV LOBBYIST CER	TIFICATIO	N		
I hereby certify that the foregoing statements are true and correct. Subscrit		day of January PUS PAT 2018 PATOC, State of Hawaii * PATOC State of Hawaii * PANY OFFICIAL AUTHORIZED TO ADMINISTER CATHS Mission expires: No. 96		
PART V AUTHORIZATIO	N 10 LOBE		AUTHOF	RIZING OFFICER OR PERSON
HARRY A. SAUNDERS		REPRESIDE	ENTED	
NAME OF ORGANIZATION (if appl CASTLE & COOKE, INC.	licable)			TELEPHONE (808) 548-4811
MAILING ADDRESS (No. and Street or P.O Box)		FAX (808) 548-2975		
680 IWILEI ROAD, SUITE 510				EMAIL hsaunders@castlecooke.com
(City) HONOLULU	(State)	WAII		(Zip Code) 96817
I hereby authorize the above-name			ying activi	
)c			THE P. P.	JAN - 5 2018
(Signature of Authorizing Officer or	Person Represe	ented)	20.65	(Date)

NOTE: This is a public document

NOTARY CERTIFICATION

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REGISTRATION

Lobbyist Registration (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle)		TELEPHONE
KAKÚ, BEVERĹY J.		(808) 548-4811
MAILING ADDRESS (No. and Street or	P.O Box)	FAX (808) 548-2975
680 IWILEI ROAD, SUITE 510		EMAIL
(City)	(State) HAWAII	(Zip Code) 96817
LOBBYIST FIRM/EMPLOYER (Fill in only if yo	TELEPHONE	
CASTLE & COOKE, INC.	(808) 548-4811	
MAILING ADDRESS (No. and Street or	P.O Box)	FAX (808) 548-2975
680 IWILEI ROAD, SUITE 510		EMAIL bkaku@castlecooke.com
(City) HONOLULU	(State)	(Zip Code) 96817

PART II.A ORGANIZATION	ON	
NAME OF ORGANIZATION YOU I	LOBBY FOR (Do not abbreviate)	TELEPHONE
CASTLE & COOKE HOMES HAWAI	I, INC.	(808) 548-4811
MAILING ADDRESS (No. and Stre	et or P.O Box)	FAX (808) 548-2975
680 IWILEI ROAD, SUITE 510		EMAIL
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817
NUMBER OF MEMBERS (IF LOBE	⊠ n/a	
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		⊠ n/a

PART II.B NO LONGER LOBBYING	
☐ I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE

PART III DESCRIPTION	OF SUBJEC	CTS ON V	WHICH	YOU E	KPECT TO LOBBY
□Business & Economic Development	□Community			□Customer Services	
□Culture & Arts(11) 8)*	⊠Housing			☑Public W Sustainabi	Vorks, Infrastructure & lity
□Parks & Recreation	□Public Healt	th, Safety &	Welfare	□Tourism	
□Transportation	⊠Zoning & Planning		Bill No Reso No Admin. Ru	Legislation:(Year) (Year)	
□Other (indicate below):					
PART IV LOBBYIST CE	RTIFICATIO	N		<u>-</u>	
correct. This 2		day of January , 2018 PATOC, State of Häwäii PATOC RANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS Imission expires: 0			
					William Bandanian
PART V AUTHORIZATION NAME HARRY A. SAUNDERS	ON TO LOBE		NTED	RIZING OFF	ICER OR PERSON
NAME OF ORGANIZATION (if applicable)				TELEPHONE	
CASTLE & COOKE HOMES HAWAII, INC.				(808) 548-4811	
MAILING ADDRESS (No. and Street or P.O Box)				FAX (808) 548-2975	
680 IWILEI ROAD, SUITE 510				I	EMAIL hsaunders@castlecooke.com
(City) HONOLULU	(State)	WAII			(Zip Code) 96817
I hereby authorize the above-name			ing activi	ties on beha	JAN - 5 2018 (Date)

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REGISTRATION

Lobbyist Registration (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle)		TELEPHONE
KAKU, BEVERLY J.	(808) 548-4811	
MAILING ADDRESS (No. and Street	FAX (808) 548-2975	
680 IWILEI ROAD, SUITE 510		EMAIL
(City) HONOLULU	(State)	(Zip Code) 96817
LOBBYIST FIRM/EMPLOYER (Fill in only	If you are employed by a business entity that has been retained to lobby)	TELEPHONE
CASTLE & COOKE, INC.		(808) 548-4811
MAILING ADDRESS (No. and Street	or P.O Box)	FAX (808) 548-2975
680 IWILEI ROAD, SUITE 510		EMAIL bkaku@castlecooke.com
(City)	(State)	(Zip Code)
HONOLULU	ПАУУАП	96817

PART II.A ORGANIZ	ZATION	
NAME OF ORGANIZATION	YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
CASTLE & COOKE PROPERTIES, INC.		(808) 548-4811
MAILING ADDRESS (No. a	FAX (808) 548-2975	
680 IWILEI ROAD, SUITE 510		EMAIL
(City)	(State) HAWAII	(Zip Code) 96817
NUMBER OF MEMBERS (I	F LOBBY ON BEHALF OF MEMBERS)	⊠ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		⊠ n/a

PART II.B NO LONGER LOBBYING	
☐ I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE

PART III DESCRIPTION C	DE SOBJECTS ON A	VHICE	TOU EXPECT TO LOBB!
☐Business & Economic Development	□Community Services		□Customer Services
□Culture & Arts - 19 81	⊠Housing		☑Public Works, Infrastructure & Sustainability
□Parks & Recreation	□Public Health, Safety &	Welfare	□Tourism
□Transportation	⊠Zoning & Planning		□Specific Legislation: Bill No(Year) Reso No(Year) Admin. Rule No Dept
□Other (indicate below):			
PART IV LOBBYIST CER	RTIFICATION		
I hereby certify that the foregoing st correct. Solvent LOBBYIST SIGNATURE		This 5 By: KYOKE NOTARY O	day of January Control of Hawaii RAY PLOS RANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS:
JAN - 5 2018 DATE		•	mission expires: No. 96-313 X
PART V AUTHORIZATIO	N TO LOBBY		
NAME		AUTHOR	RIZING OFFICER OR PERSON
HARRY A SALINDERS	REPRESE		

NAME HARRY A. SAUNDERS TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED PRESIDENT NAME OF ORGANIZATION (if applicable) CASTLE & COOKE PROPERTIES, INC. MAILING ADDRESS (No. and Street or P.O Box) 680 IWILEI ROAD, SUITE 510 (State) (State) (Zip Code)
CASTLE & COOKE PROPERTIES, INC. MAILING ADDRESS (No. and Street or P.O Box) 680 IWILEI ROAD, SUITE 510 EMAIL hsaunders@castlecooke.com
MAILING ADDRESS (No. and Street or P.O Box) 680 IWILEI ROAD, SUITE 510 FAX (808) 548-2975 EMAIL hsaunders@castlecooke.com
680 IWILEI ROAD, SUITE 510 EMAIL hsaunders@castlecooke.com
680 IWILEI ROAD, SUITE 510 EMAIL hsaunders@castlecooke.com
(City) (State) (Zip Code)
90017
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.
JAN - 5 2018
(Signature of Authorizing Officer or Person Represented) (Date)

Kyoko Patoc Doc. Description: Dog. Date:

NOTARY CERTIFICATION



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

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DATE

18 JAN -8 P4:52

REGISTRATION

Lobbyist Registration (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle)		TELEPHONE
KELLY / STEPHEN H.		(808) 674-3289
MAILING ADDRESS (No. and Street or	P.O Box)	FAX
1001 Kamokila Boulevard, Suite 250		EMAIL stevek@kapolei.com
(City) Kapolei	(State) Hawaii	(Zip Code) 96707
LOBBYIST FIRM/EMPLOYER (Fill in only if yo	ou are employed by a business entity that has been retained to lobby)	TELEPHONE
AINA NUI CORPORATION/JAMES CAMPI	BELL CORPORATION	(808) 674-6674
MAILING ADDRESS (No. and Street or	P.O Box)	FAX
1001 Kamokila Boulevard, Suite 250		EMAIL stevek@kapolei.com
(City) Kapolei	(State) Hawaii	(Zip Code)
Тарою	1137311	96707
PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBB	V FOR (Do not abbreviate)	TELEPHONE
JAMES CAMPBELL CORPORATION -	T FOR (DO NOT abbleviate)	(808) 674-6674
MAILING ADDRESS (No. and Street or	P.O. Boy)	FAX
1001 Kamokila Boulevard, Suite 250	1.0 50%)	
1001 Kalliokila Boulevalu, Suite 250		EMAIL
(City) Kapolei	(State) Hawaii	(Zip Code) 96707
NUMBER OF MEMBERS (IF LOBBY OF	⊠ n/a	
METHODS USED BY MEMBERS TO M	AKE POLICY DECISIONS	⊠ n/a
PART ILB NO LONGER LOE	BRYING	

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

PART III DESCRIPTION	N OF SUBJEC	CTS ON	WHICH	YOU EXPECT TO LOBBY
⊠Business & Economic Development	Community	□Community Services		□Customer Services
□Culture & Arts	⊠Housing			□Public Works, Infrastructure & Sustainability
□Parks & Recreation	□Public Heal	th, Safety &	Welfare	□Tourism
				☑Specific Legislation:
⊠Transportation	⊠Zoning & PI			Bill No. 58 & 59 (Year) 2017 Reso No(Year) Admin. Rule No Dept
□Other (indicate below):	<u> </u>			
PART IV LOBBYIST C	ERTIFICATIO	N	-	
I hereby certify that the foregoin	ng statements are tr	ue and		ped and sworn to before me
correct. This			day of	
Struct By:		day of		
LOBBYIST SIGNATURE NOTARY C		NOTARY OF	R ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS	
		My com	mission expires:	
DATE				
PART V AUTHORIZA	TION TO LOB			
NAME Bradford J. Myers		REPRESE	ENTED	RIZING OFFICER OR PERSON
NAME OF ORGANIZATION (if applicable)			TELEPHONE	
JAMES CAMPBELL CORPORATION			(808) 674-6674	
MAILING ADDRESS (No. and Street or P.O Box)			FAX	
1001 Kamokila Boulevard, Suite	250			EMAIL Production
(City)	(State)			bradm@kapolei.com (Zip Code)
(Oity) Kapolei	Ha	awaii		96707
I hereby authorize the above-ne	amed person to eng	age in lobby	ing activit	ties on behalf of the undersigned.
15/10/25				1-8-18
(Signature of Authorizing Officer or Person Represented)			(Date)	

STATE OF HAWAII)) SS.
CITY AND COUNTY OF HONOLULU) 55.
appeared <u>Stephen H. Kelly</u> , duly sworn or affirmed, did say that such	to me personally known, who, being by me person executed the foregoing instrument as applicable in the capacity shown, having been in such capacity.
No. 98-33	Name: Jenny R. Okano Notary Public, State of Hawaii My commission expires: 1/20/2018
Document Date:1/8/2018 Jenny R. Okano Document Description:Honolulu Ethics Registration (Lobbyist Registration)	No. of Pages: 3 First Circuit Commission - No. 98-33
Notary Signature	1/8/2018 Date

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REGISTRATION

Lobbyist Registration (Type or Print Clearly)

		· · · · · · · · · · · · · · · · · · ·
PART I LOBBYIST		
NAME (Last) (First) (Middle)		TELEPHONE
Kendrick, Stephanie Lee		(808) 356-2217
MAILING ADDRESS (No. and Street or	P.O Box)	FAX
2700 Waialae Ave.		EMAIL
		skendrick@hawaiianhumane.org
(City)	(State)	(Zip Code)
Honolulu		96826
LOBBYIST FIRM/EMPLOYER (Fill in only if you	ou are employed by a business entity that has been retained to lobby)	TELEPHONE
MAILING ADDRESS (No. and Street or	P.O Box)	FAX
		EMAIL
(City)	(State)	(Zip Code)
DADT II A ODGANIJATION		
PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Hawaiian Humane Society		(808) 356-2232
MAILING ADDRESS (No. and Street or	P.O Box)	FAX
2700 Waialae Ave.		EMAIL wkim@hawaiianhumane.org
(City) Honolulu	(State)	(Zip Code)
		96826
NUMBER OF MEMBERS (IF LOBBY OF	N BEHALF OF MEMBERS)	⊠ n/a
		[5] 100
METHODS USED BY MEMBERS TO M	AKE POLICY DECISIONS	▼ n/a
PART II.B NO LONGER LOE	BBYING	

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☐Business & Economic Development	⊠ Community	Services		
□Culture & Arts	□Housing		☐Public Works, Infrastructure & Sustainability	
☑Parks & Recreation	✓ Public Healt	th, Safety & Welfa	are □Tourism	
□Transportation	□Zoning & Pla	anning	□Specific Legislation: Bill No(Year)	
☑Other (indicate below): Anin	nel welfare	3 animal	Services	
PART IV LOBBYIST C	ERTIFICATIO	N		
I hereby certify that the foregoin	ng statements are tru	This	scribed and sworn to before me 20 th day of December, 2017	
OBBYIST SIGNATURE		NOTA	By: Quun E. Com NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS Thun E. Kim My commission expires:	
/26/17		July 25, 2021		
PART V AUTHORIZAT	TION TO LOBE	BY		
NAME Lisa Fowler		TITLE OF AUTH REPRESENTED President & CEO		
NAME OF ORGANIZATION (if Hawaiian Humane Society	applicable)	President & CEO	TELEPHONE (808) 356-2232	
MAILING ADDRESS (No. and 2700 Waialae Ave.	·		FAX EMAIL wkim@hawaiianhumane.org	
(City) Honolulu	(State)		(Zip Code) 96826	
I hereby authorize the above-na	amed person to enga	age in lobbying a	ctivities on behalf of the undersigned.	
(Signature of Authorizing Office	er or Person Represe	ented)	<u>12/26/17</u> (Date)	
(5.5			NOTARY PUBLIC CERTIFICATION	
(c.g., and c.g., c			Dawn E. Kim First Judicial Cook Description: Why 34 Lugis	



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

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REGISTRATION

Lobbyist Registration (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle)		TELEPHONE
Kido Ć. Mike	(808) 539-0400	
MAILING ADDRESS (No. and Str	FAX (808) 533-4945	
999 Bishop Street, Suite 1400		(600) 555-4945
		EMAIL cmkido@awlaw.com
(City)	(State)	(Zip Code)
Honolulu	Hawali	96813
LOBBYIST FIRM/EMPLOYER (FIII	in only if you are employed by a business antity that has been retained to lobby)	TELEPHONE
SanHi Government Strategies, A Lin	nited Liability Law Partnershlp	(808) 539-0400
MAILING ADDRESS (No. and Str	reet or P.O Box)	FAX (808) 533-4945
999 Bishop Street, Suite 1400		EMAIL
	2	cmkido@awlaw.com
(City)	(State)	(Zip Code)
` 'Honolulu	Hawaii	96813

DADT II A ODCANIZ	ATION	
PART II.A ORGANIZA	ATION	
NAME OF ORGANIZATION Y	OU LOBBY FOR (Do not abbreviate)	TELEPHONE
Wyndham Vacation Ownership	/	(407) 626-5848
MAILING ADDRESS (No. and	Street or P.O Box)	FAX
6277 Sea Harbor Drive		EMAIL
(City) Orlando	(State) Florida	(Zip Code) 32821
NUMBER OF MEMBERS (IF	⊠ n/a	
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		⊠ n/a

PART II.B NO LONGER LOBBYING	
🗵 I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE 01/09/2018

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	图Tourism		
		□Specific Legislation:		
□Transportation	□Zoning & Planning	Bill No. (Year) Reso No. (Year) Admin. Rule No. Dept.		
□Other (indicate below):				
PART IV LOBBYIST CER	TIFICATION			
Subscribed and sworn to before me This 97 Hoday of MWWY 3018 LOBBYIST SIGNATURE JAN 0 9 2018 DATE PART V AUTHORIZATION TO LOBBY NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
NAME OF ORGANIZATION (if applicable)		TELEPHONE		
MAILING ADDRESS (No. and Street or P.O Box)		FAX		
		EMAIL		
(City)	(State)	(Zip Code)		
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned. (Signature of Authorizing Officer or Person Represented)				



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

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REGISTRATION

Lobbyist Registration (Type or Print Clearly)

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PART I LOBBYIST		
NAME (Last) (First) (Middle)		TELEPHONE
Kimura, Joy Y. N.		(808) 845.3238
MAILING ADDRESS (No. and Street or	P.O Box)	FAX (8300) 845 · 8300
650 Iwilei Koad, Suik 285		EMAIL Namura Chawaiileceturg
(City)	(State)	(Zip Code)
tonolulu	HI	96817
LOBBYIST FIRM/EMPLOYER (Fill in only if y	ou are employed by a business entity that has been retained to lobby)	TELEPHONE
SI SI AH	Swall of	THE STATE OF THE S
MAILING ADDRESS (No. and Street or	P.O Box)	FAX
MOTARY DE PUBLIC		EMAIL
(City) 981-80 of	(State)	(Zip Code)
9/4H 90 3/4		
PART II.A ORGANIZATION		3.4
NAME OF ORGANIZATION YOU LOB	BY FOR (Do not abbreviate)	TELEPHONE
Hawaii Laborers-Employers Con	peration and Education Trust	(808) 845. 3238
MAILING ADDRESS (No. and Street or	P.O Box)	FAX 845 8300
650 Iwiki kond, Suite 21	35	,
		EMAIL in to c hawantecot. un
(City)	(State)	(Zip Code) 96817
NUMBER OF MEMBERS (IF LOBBY C	☐ n/a	
METHODS USED BY MEMBERS TO I		
		☐ n/a
Information provided to memb	us at membership meetings	
PART II.B NO LONGER LO	BBYING	
I am no longer authorized to lobb	DATE	

PART III DESCRIPTION	OF SUBJEC	CTS ON	WHICH	YOU EXPECT TO LOBBY	
MBusiness & Economic Development	□Community Services			□Customer Services	
□Culture & Arts	₩Housing	I IVAHOUSING J		☑Public Works, Infrastructure & Sustainability	
□Parks & Recreation	☑Public Healt	th, Safety &	Welfare	□Tourism	
		Call 8		□Specific Legislation:	
Transportation	☑Zoning & Pla	☑Zoning & Planning		Bill No(Year) Reso No(Year) Admin. Rule No Dept	
Dother (indicate below): Construction industry	y related				
PART IV LOBBYIST CEI	RTIFICATIO	N		Zarates kera sont s	
I hereby certify that the foregoing scorrect. LOBBYIST SIGNATURE	This 919 NOTARY OR A NOTARY OR A		day of January, 2018. AR. Kanarraman Arany OFFICIAL AUTHORIZED TAMOMINISTER OATHS NOTARY PUBLIC		
DATE	3/19/6		3/19	No. 06-169	
PART V AUTHORIZATION	ON TO LOBE	3Y		The Control of the Co	
NAME Brian Lee TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Director					
NAME OF ORGANIZATION (if ap	plicable)			TELEPHONE	
Hawaii Cabours-Employers Cooperation and Education Trust			rust (808) 845.3238		
MAILING ADDRESS (No. and Street or P.O Box) 650 Iwilei Road, Suik 285			FAX (608) 645-8300 EMAIL Into Bhawaii lecet.org		
(City) Honolulu	(State)		(Zip Code) 96817		
I hereby authorize the above-nam			ying activi	ties on behalf of the undersigned.	
(Signature of Authorizing Officer of	r Person Repres	ented)		(Date) # Pages 2	

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REGISTRATION

Lobbyist Registration (Type or Print Clearly)

18 JAN 10 P1:08

PART I LOBBYIST	
NAME (Last) (First) (Middle)	TELEPHONE
KOBAYASHI RYANI K	841-5877
MAILING ADDRESS (No. and Street or P.O Box)	FAX 847-7829
1617 Palama St	EMAIL
<u> </u>	(Zip Code)
(City) (State)	96817
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)	TELEPHONE
Hawaii Laborers' Union Local 368	841-5877
MAILING ADDRESS (No. and Street or P.O Box)	FAX
11017 Palama St	EMAIL Same
(City) Honolulu (State) Hawaii	(Zip Code)
Honolula	96817
PART II.A ORGANIZATION	
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
Hawaii Laborers' Union Local 368	841-5877
MAILING ADDRESS (No. and Street or P.O Box)	F847-7827
1617 Palama St	EMAIL rkobagshi@local368.ovg
(City) (State)	(Zip Code) (Zip Code)
Hondulu NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS) 5000	□ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS Thtornal consultation	☐ n/a
Chirolina Christian 12.	
PART II.B NO LONGER LOBBYING	
☐ I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE

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PART III DESCRIPTION O	F SUBJECTS ON	WHICH	YOU EXPECT TO LOBBY	
☑Business & Economic Development	Community Services		Customer Services	
□Culture & Arts	☑Housing		Drublic Works, Infrastructure & Sustainability	
Parks & Recreation	DPublic Health, Safety &	Welfare	☑ fourism	
In ransportation			□Specific Legislation: Bill No(Year) Reso No(Year) Admin. Rule No Dept	
□Other (indicate below):		,		
PART IV LOBBYIST CER	TIFICATION			
I hereby certify that the foregoing sta	atements are true and		scribed and sworn to before me	
LOBBYIST SIGNATURE	By:		SI ANN GANABAN OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS	
12·27·2017 DATE			nission expires: NOTARY PUBLIC No. 97-171	
PART V AUTHORIZATIO	N TO LORBY		A CELLANDER	
NAME LABORBES' UNION, LOCAL 366	TITLE OF REPRESI	ENTED	RIZING OFFICER OR PERSON	
NAME OF ORGANIZATION (if appli	cable)		TELEPHONE	
1617 PALAMA STREE			808.841.5977	
MAILING ADDRESS (No. and Stree	t or P.O Box)		FAX 808 · 847 · 7829	
HONOLULU, th 96817	•		PGANARAN CLOCAL 368-049	
(City)	(State)		(Zip Code)	
I hereby authorize the above-named				
(Signature of Authorizing Officer or Person Represented) Doc. Date: 12-27-907 (Date)# Pages 2				
		1	Notary Name: Narsi Ann Ganaban First Circuit Doc. Description LOBBYIST REMINERATION	

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12-27-217



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18 JAN -9 P3:03

REGISTRATION

Lobbyist Registration (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle)		TELEPHONE
KODÁMA, LAURA M.		(808) 548-4811
MAILING ADDRESS (No. and Stree	et or P.O Box)	FAX (808) 548-2975
680 IWILEI ROAD, SUITE 510	EMAIL	
(City)	(State)	(Zip Code)
HONOLULU	HAWAII	96817
LOBBYIST FIRM/EMPLOYER (Fill in o	TELEPHONE	
CASTLE & COOKE HOMES HAWAII	(808) 548-4811	
MAILING ADDRESS (No. and Stree	FAX (808) 548-2975	
680 IWILEI ROAD, SUITE 510		EMAIL Ikodama@castlecooke.com
(City)	(State)	(Zip Code)
HONOLULU	TAVVAII	96817

PART II.A ORGANIZATION				
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE		
CASTLE & COOKE HOMES H	AWAII, INC/	(808) 548-4811		
MAILING ADDRESS (No. and Street or P.O Box)		FAX (808) 548-2975		
680 IWILEI ROAD, SUITE 510		EMAIL		
(City)	(State) HAWAII	(Zip Code) 96817		
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		⋉ n/a		
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		⋉ n/a		

PART II.B NO LONGER LOBBYING	
☐ I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE

☐Business & Economic	☐Community	□Community Services		☐Customer Services	
Development □Culture & Arts	⊠Housing			☑Public Works, Infrastructure & Sustainability	
□Parks & Recreation	□Public Healt	h, Safety & W	Velfare	□Tourism	
				□Specific Legislation:	
□Transportation	⊠Zoning & Pla	⊠Zoning & Planning		Bill No(Year) Reso No(Year) Admin. Rule No Dept	
□Other (indicate below):					
PART IV LOBBYIST C	FRTIFICATIO	N			
ARTIV LODDING! G	ZICIII IO/CIIO				
I hereby certify that the foregoir	ng statements are tru	ue and	Subscrib	ed and sworn to before me	
correct.] -	This 💃	day of January , 2018 .	
to I dam			$_{Bv:}$ \mathcal{U}_{j}	HU Pa	
LOBBYIST SIGNATURE				PATOC, State of Hawaii,	
LOBBYIST SIGNATURE			8 10 1/2/2		
	My comm		mission expires: (ARY Population of the control of		
JAN - 5 2018			4, 2020 ** * · * · * * * * * * * * * * * * * *		
DATE					
				No. 96-313	
DARTY AUTHORIZA	TION TO LODE	3V		OF HAMINE	
PART V AUTHORIZA	TION TO LOBE		UTUO	OF HAMILIAN	
HARRY A. SAUNDERS REPRESENTED		RIZING OFFICER OR PERSON			
NAME OF ORGANIZATION (if	applicable)	PRESIDEN	1	TELEPHONE	
CASTLE & COOKE HOMES HA	* *			(808) 548-4811	
MAILING ADDRESS (No. and	Street or P.O Box)			FAX (808) 548-2975	
680 IWILEI ROAD, SUITE 510					
				EMAIL hsaunders@castlecooke.com	
(City)	(State)		(Zip Code)		
HONOLULU	(State) HAWAII		96817		
I hereby authorize the above-n			ng activi	ties on behalf of the undersigned.	
		ented)		AT O JAN - 5 2018	

NOTE: This is a public document ATE Works Signature Date



DART I LORRVIST

HONOLULU ETHICS COMMISSION

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

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HONOLULU ETHICS COMMISSION RECEIVED

REGISTRATION

Lobbyist Registration (Type or Print Clearly)

18 JAN 10 P7:04

PARTICODOTION		
NAME (Last) (First) (Middle)	TELEPHONE	
La Chica, Mae Patricia Quema		591-6508
MAILING ADDRESS (No. and Street or I	P.O Box)	FAX
850 Hichards St. Su	ite WI	EMAIL thish Shiphi . ovg
(City) Honolyly	(Zip Code) 96813	
LOBBYIST FIRM/EMPLOYER (Fill in only if you	are employed by a business entity that has been retained to lobby)	TELEPHONE
MAILING ADDRESS (No. and Street or I	P.O Box)	FAX
84.07 G: 1305 6 weeks on	mand marine Video	EMAIL
(City)	(State)	(Zip Code)
25000		
PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY HOWAII Public Health Ing	Y FOR (Do not abbreviate) がかた	TELEPHONE 591-6508
MAILING ADDRESS (No. and Street or P.O Box)		FAX
850 Lichards St. Snite 201		EMAIL
bonolyly	(State) H	(Zip Code) 96813
NUMBER OF MEMBERS (IF LOBBY ON 2,1000 non-paying members	□ n/a	
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS Policy prioritics world on by bound of pirectors, goling issues		□ n/a
determined	by Policy workgroup members.	
PART II.B NO LONGER LOB	BÝING	
☐ I am no longer authorized to lobby on behalf of the organization in Part II.A		DATE

PART III DESCRIPTION O	OF SUBJEC	CTS ON	WHICH	YOU E	XPECT TO LOBBY
☐Business & Economic Development	□Community	Services		□Custom	er Services
□Culture & Arts	□Housing			□Public V Sustainab	Vorks, Infrastructure & ility
□Parks & Recreation	Drublic Health, Safety & Welfare		□Tourism	1	
718 dend byra			□Specific	Legislation:	
□Transportation	□Zoning & Planning		Bill No(Year) Reso No(Year) Admin. Rule No Dept		
Wother (indicate below): # w	ith				
PART IV LOBBYIST CER	TIFICATIO	N		8 111	
I hereby certify that the foregoing sta	atements are tr	ue and			JAN 0 9 2018 , Clifton S. Kaneshiro
LOBBYIST SÍGNATURE			NØTARY OF	R ANY OFFICIAL	AUTHORIZED TO ADMINISTER OATHS
1 (9 18 DATE	8' S		ommission Ex	nission exp pires: May 8, 20 ed Notary Ce	NOTARY PUBLIC O
					1.0%
PART V AUTHORIZATION	N TO LOBE				OF HANNIN
NAME		REPRESI	ENTED		ICER OR PERSÖN
Jessica yamanchi	iaabla)	Execu	tive Di		TELEBLONE
NAME OF ORGANIZATION (if appli Hawaii Public Health Ins	•				TELEPHONE (808) 591-6508
MAILING ADDRESS (No. and Street or P.O Box)				FAX	
850 Richards St., Sylite 2	-61				EMAIL jessica@hiphi.org
(City)	(State)		la la		(Zip Code)
Honoluly	m				96813
I hereby authorize the above-named AUUUUU (Signature of Authorizing Officer or I	- 1	,	ving activit	ies on beha	olf of the undersigned. (Date)

1	AN 0 9 2018	# Pages:	2	
Doc. Date:	Clifton S. K.	aneshiro !	1725 Circuit	104494
MOISTA Marison	. 17		(Stamp or Spalls)	KANES
Doc. Description:	107/m 1	08/2018		TARY BUC
Notary Signature	Date	- 2	*	*
			No.	55-271
			ATEC	FHANA



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Lobbyist Registration (Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) (First) (Middle)		TELEPHONE	
Larson, Betty Lou		(808) 373-0356	
MAILING ADDRESS (No. and Street or P.O Box) 1822 Keeaumoku Street		FAX (808) 527-4709	
		EMAIL bettylou.larson@catholiccharities	
(City) Honolulu	(State)	(Zip Code) Includit, org 96822	
LOBBYIST FIRM/EMPLOYER (Fill in only if y	ou are employed by a business entity that has been retained to lobby)	TELEPHONE	
MAILING ADDRESS (No. and Street or	P.O Box)	FAX	
		EMAIL	
(City)	(State)	(Zip Code)	
PART II.A ORGANIZATION			
NAME OF ORGANIZATION YOU LOBE	BY FOR (Do not abbreviate)	TELEPHONE	
Catholic Charities Hawaii		(808) 524-4673	
MAILING ADDRESS (No. and Street or 1822 Keeaumoku Street	P.O Box)	FAX ₍₈₀₈₎ 527-4709	
		EMAIL www.catholiccharitieshawaii.org	
(City) Honolulu	(State) _{HI}	(Zip Code) 96822	
NUMBER OF MEMBERS (IF LOBBY O	▼ n/a		
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		▼ n/a	
PART II B NO LONGER LOI	RRYING		

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

☐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: Bill No(Year) Reso No(Year) Admin. Rule No Dept
□Other (indicate below):			
PART IV LOBBYIST CEI	RTIFICATION		
I hereby certify that the foregoing scorrect. Buty Fin Fa LOBBYIST SIGNATURE 1/4/18 DATE PART V AUTHORIZATION	This 4th do and By: Delace NOTARY OR ANY OF		day of January 2018 Low of Greenwary 2018 Low of Greenwary 2018 Low of Greenwary Public Public No. 80-507
NAME Terry Walsh		ENTED	RIZING OFFICER OR PERSON
NAME OF ORGANIZATION (if app Catholic Charities Hawaii	NAME OF ORGANIZATION (if applicable)		TELEPHONE (808) 527-4878
AILING ADDRESS (No. and Street or P.O Box) 822 Keeaumoku Street		FAX (808) 527-4879 EMAIL terry.walsh@catholiccharitieshawa	
(City) Honolulu	(State)		(Zip Code) 96822
I hereby authorize the above-name	ed person to engage in lobby	ying activit	
(Signature of Authorizing Officer or	Person Represented)		(Date)



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

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Lobbyist Registration (Type or Print Clearly)

18 JAN -9 P2:57

PART I LOBBYIST	
NAME (Last) (First) (Middle)	TELEPHONE
Lee, Brian	(608) 845·3238
MAILING ADDRESS (No. and Street or P.O Box) 150 Iwilei Road, # 285	FAX (808) 845 · 8300 EMAIL
	brian Chawaii (coting
(City) (State)	(Zip Code)
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained.	ained to lobby) TELEPHONE
The Electronic of the Asset of the State of	
MAILING ADDRESS (No. and Street or P.O Box)	FAX
	EMAIL
(City) (State)	(Zip Code)
PART II.A ORGANIZATION	CONTRACTOR AND THE
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
Hawaii Labovers Employers Cooperation and Education	Trust (808) 845 - 3238
MAILING ADDRESS (No. and Street or P.O Box)	FAX 845. 6300
iso Iwilei Road, #285	EMAIL into Chawaii lecot.org
(City) (State)	(Zip Code) 96817
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS) 5000	□ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS	□ n/a
Information provided to members at membership ma	ctings 1100
PART II.B NO LONGER LOBBYING	
FAIT ILD NO LONGLIT LODD ING	

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					VDECT	TO 1 000	/
PART III DESCRIPTION C	OF SUBJEC	IS ON	WHICH	YOUE	XPECT	10 LOBB	Y
№Business & Economic Development	□Community S	Services		□Custom	ner Service	s	19
□Culture & Arts	I I MHOUSING		₩Public \ Sustainat		astructure &	T. H.	
□Parks & Recreation	☑∕Public Health	, Safety &	Welfare	□Tourisn	n		
☐ / Transportation	Bill Re Ad		Bill No Reso No. Admin. R	ule No	on: _(Year) _(Year)		
☑Other (indicate below):	. Veladed						
anstruction industry	y rounces						NA I
PART IV LOBBYIST CER	TIFICATION	1			er H		
I hereby certify that the foregoing street. LOBBYIST SIGNATURE 1/2/18 DATE PART V AUTHORIZATIO		Y	This 2n By: NOTARY OF My comm 11 /20	d day of _ N. Kimu RANY OFFICIA mission exp	January LAUTHORIDE Dires:	TO ADMINISTER PARTIES	TALBA & III
NAME Byan Ge	the Tree	REPRESE	ENTED	IZING OF	FICEN ON	PERSON	T TO
NAME OF ORGANIZATION (if appl				7	TELEPHO	ONE	
Hawaii Laborers - Employers	Cooperation a	nd Educ	ation tu	NST	(808)	845.3238	$30^{2}\zeta$
MAILING ADDRESS (No. and Street or P.O Box) 150 Iwiki Road, Guik 285		FAX (808) 845.8300 EMAIL Enfol Chawaii lect. and		ad			
(City)	(State)			(Zip Code りかい	9)	0	
I hereby authorize the above-named person to engage in lobbying activities on behalf of the unders			18	e gle			
(Signature of Authorizing Officer or	Person Represe	nted)		0 1 - 2		Date)	
			Doc.	Date: 1 - 2	-298	#Pages: Z	

Notary Name: Joy Y.N. Kimura

15T Circuit

Doc. Description: City and County of Honoluly

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Date



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REGISTRATION

Lobbyist Registration (Type or Print Clearly)

18 JAN -9 P2:57

PART I LOBBYIST	in an address	
NAME (Last) (First) (Middle)		TELEPHONE
Lee, Poter It.M.		(808) 845.3238
MAILING ADDRESS (No. and Street or	FAX (608) 845-8300	
650 Iwilei Rond, Snite 28	5	EMAIL pree@hawaiilecot.org
(City) itonolulu	(State)	(Zip Code)
LOBBYIST FIRM/EMPLOYER (Fill in only if you	LT DE	TELEPHONE
and the state of the second	Transpart in 1975 of 198	Margor I
MAILING ADDRESS (No. and Street or	P O Box)	FAX
TWI TENTO TIESE (No. and ender or		
Europhy Committee		EMAIL
(City)	(State)	(Zip Code)
-11, 3.		
PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBB	Y FOR (Do not abbreviate)	TELEPHONE
Hawaii Labovers - Employers Coup		C608) 845 -3238
MAILING ADDRESS (No. and Street or	P.O Box)	FAX (808) 845 · 8300
650 Iwiler Road, Smite 285	DOV setternalo I. bene garango e sa	FMAIL into e havrani lecet, and
Itonolulu	(State) HJ	(Zip Code) 96817
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS) 500		□ n/a
METHODS USED BY MEMBERS TO MA	□ n/a	
Information provided to member	s at membership meetings	
DART II DAIO I ONOFRI CO	, PVINO	
PART II.B NO LONGER LOB		
☐ I am no longer authorized to lobby	on behalf of the organization in Part II.A	DATE

MBusiness & Economic Development	□Community Services	□Customer Services	
□Culture & Arts	MHousing	☑Public Works, Infrastructure & Sustainability	
□Parks & Recreation	☑Public Health, Safety & Welfare	□Tourism	
☑Transportation	™Zoning & Planning	□Specific Legislation: Bill No(Year) Reso No(Year) Admin. Rule No Dept	
Wother (indicate below):	my related	1111-1417, 350	
PART IV LOBBYIST	CERTIFICATION	TON THE HOUT HOUSE	
correct.	This <u>2</u>	nd day of January, 2018.	
LOBBYIST SIGNATURE Doc. D	Tist Registration Form My com		
DATE Notary	Name: Joy Y.N. Kimura Ist circulary Y escription: City + County of ponduly NOTARY C TIST Registration Form My com influed NOTARY CERTIFICATION	OR ANY OFFICIAL AUTHORIZED VANDMINISTER CATHS Immission expires:	
DATE Notary PART V AUTHORIZA NAME Byian Lee	CSCription: City + County of ponduy NOTARY CERTIFICATION TION TO LOBBY TITLE OF AUTHOR REPRESENTED DIVECTOR, Handa	PR ANY OFFICIAL AUTHORIZED VO ADMINISTER CATHS IMPORTANT OF ALL MANAGEMENT OF ALL M	
DATE Notary PART V AUTHORIZA NAME Byian Lee NAME OF ORGANIZATION (in	CSCription: City + County of ponduy NOTARY COUNTY of ponduy NOTARY COUNTY of ponduy NOTARY COUNTY of ponduy NOTARY COUNTY OF TITLE OF AUTHORITHM TITLE OF AUTHORITHM POWER TO THE PRESENTED DIVECTOR, HAVEA	RIZING OFFICER OR PERSON Cupranin and TELEPHONE	
DATE Notary PART V AUTHORIZA NAME Byian Lee NAME OF ORGANIZATION (in	Cooperation and Education 1 Street or P.O Box) Street or P.O Box)	RIZING OFFICER OR PERSON Cupration and TELEPHONE	

(Date)

(Signature of Authorizing Officer or Person Represented)



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

TEL (1909) 700 000

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

az 2.15.18

FEB 15 P12:37 18

REGISTRATION

Lobbyist Registration (Type or Print Clearly)

PART I LOBBYIST				
NAME (Last) (First) (Middle)		TELEPHONE		
Lincoln, Faye		801-325-0153		
MAILING ADDRESS (No. and Street or	FAX 801-596-9001			
206 North 2100 West	EMAIL.			
		faye.lincoln@avalonhealthcare.c		
(City) Salt Lake City (State) Utah		(Zip Code)		
Salt Lake City	Utan	84116		
LOBBYIST FIRM/EMPLOYER (Fill in only if)	you are employed by a business entity that has been retained to lobby)	TELEPHONE		
Avalon Health Care		same		
MAILING ADDRESS (No. and Street or	P.O Box)	FAX same		
same		EMAIL same		
(City)	(State)	(Zip Code)		
same	same	same		
PART II.A ORGANIZATION				
NAME OF ORGANIZATION YOU LOBE	3Y FOR (Do not abbreviate)	TELEPHONE		
Avalon Health Care, Lnc		801-596-8844		
MAILING ADDRESS (No. and Street or	P.O Box)	FAX 801-596-9001		
206 North 2100 West		EMAIL		
(City) Salt Lake City	(State) Utah	(Zip Code)		
	<u> </u>	84116		
NUMBER OF MEMBERS (IF LOBBY O	☐ n/a			
METHODS LISED BY MEMBERS TO M	MAKE BOLICY DECISIONS			
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☐ n/a		
PART II.B NO LONGER LO	BYING			
☐ I am no longer authorized to lobby	DATE			

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Development			Doustonier Services	
□Culture & Arts			□Public Works, Infrastructure & Sustainability	
□Parks & Recreation	XPublic Health, Safety 8	Welfare	□Tourism	
			☐Specific Legislation:	
□Transportation	Zoning & Planning		Bill No(Year) Reso No(Year) Admin. Rule No Dept	
□Other (indicate below):				
PART IV LOBBYIST CE	RTIFICATION			
771111 200001101 02	KTII TOATTON			
I hereby certify that the foregoing	statements are true and	1	ed and sworn to before me	
correct		This 15	day of February, 2018.	
And Lineda			In	
OBBYIST SIGNATURE		By:		
254/5/2/5/17/5/12		NOTARY OF	ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS	
2/15/2018 DATE		My comr	OUIMII. NO. 004840	
			My Comm. Expires Aug 3d 2	
PART V AUTHORIZATION	ON TO LOBBY			
NAME		AUTHOR	IZING OFFICER OR PERSON	
Scott Carpenter	REPRES			
	Senior VP/	Chief Legal		
NAME OF ORGANIZATION (if app	olicable)		TELEPHONE	
Avalon Health Care			801-924-7854	
MAILING ADDRESS (No. and Stre	eet or P.O Box)		FAX 801-596-9001	
206 North 2100 West				
		EMAIL Scott.Carpenter@avalonhealthcar		
(City) Salt Lake City	(State)		(Zip Code)	
	Utah		84116	
I hereby authorize the above-name	ed person to engage in lobby	ing activiti		
2/15/18			2/15/18	
(Signature of Authorizing Officer or Person Represented) (Date)			(Date)	

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☐Business & Economic





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

91.31.18

18 JAN 26 P6:36

REGISTRATION

Lobbyist Registration (Type or Print Clearly)

PART I LOBBYIST				
NAME (Last) (First) (Middle)		TELEPHONE		
Lopez, Keafii S.		(808) 524-1800		
MAILING ADDRESS (No. and Street or I	P.O Box)	FAX (808) 524-4591		
1001 Bishop Street, Suite 1800		EMAIL klopez@ahfi.com		
(City) Honolulu	(State) Hawaii	(Zip Code) 96813		
LOBBYIST FIRM/EMPLOYER (Fill in only if you Alston Hunt Floyd & Ing	u are employed by a business entity that has been retained to lobby)	TELEPHONE (808) 524-1800		
MAILING ADDRESS (No. and Street or	P.O Box)	FAX (808) 524-4591		
1001 Bishop Street, Suite 1800		EMAIL		
(City) Honolulu	(State) Hawaii	(Zip Code) 96813		
DADT II A ODCANIZATION				
PART II.A ORGANIZATION NAME OF ORGANIZATION YOU LOBB	Y FOR (Do not abbreviate)	TELEPHONE		
	T , OK (Bo Hot above see)	(916) 574-9744		
Western Plant Health Association / MAILING ADDRESS (No. and Street or	P.O Box)	FAX		
4460 Duckhorn Drive, Suite A	·	EMAIL		
(City) Sacramento	(State)	(Zip Code) 95834		
NUMBER OF MEMBERS (IF LOBBY O	□ n/a			
135 members METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS Based on recommendations of Western Plant Health Association management		□ n/a		
	DOVING			
PART II.B NO LONGER LOBBYING				
☐ I am no longer authorized to lobby	DATE			

PART III DESCRIPTION (OF SUBJECTS C	N WHIC	H YOU EXPECT TO LOBBY
☐Business & Economic	□Community Service		□Customer Services
Development ☐Culture & Arts	□Housing		☐Public Works, Infrastructure & Sustainability
□Parks & Recreation	□Public Health, Safety & Welfare		
Parks & Recreation			⊠Specific Legislation:
□Transportation	□Zoning & Planning		Bill No(Year) Reso No. <u>17-351</u> (Year) <u>2017</u> Admin. Rule No Dept
□Other (indicate below):			
PART IV LOBBYIST CER	RTIFICATION		
I hereby certify that the foregoing scorrect. LOBBYIST SIGNATURE DATE PART V AUTHORIZATION NAME Renee Pinel NAME OF ORGANIZATION (if ap	ON TO LOBBY TITL REP Pre:	By: ON NOTAR JEAN My CO	M. YANAGAWA, Notary Principles: The principle of the pri
Western Plant Health Association			(676) 51 7 57 1
MAILING ADDRESS (No. and Street or P.O Box)			FAX
4460 Duckhorn Drive, Suite A			EMAIL reneep@healthyplants.org
(City) Sacramento	(State) California		(Zip Code) 95834
I hereby authorize the above-name (Signature of Authorizing Officer of			ctivities on behalf of the undersigned. \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\

Rev. 12/2017

NOTE This @ a public document.

Doc. Date: 25 2018 # Pages: 2

Jean H. Yanagawa First Circuit

Doc. Description: Ho Nolulu

Ethics Commission Registration

Lobbyist Registration

Notary Signature Date
NOTARY CERTIFICATION



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 TOR STORM SECULOR

81.12.18

18 JAN -9 P3:02

REGISTRATION

Lobbyist Registration (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle)		TELEPHONE
LOVVOKN, CHRISTOPHER M.		(808) 548-4811
MAILING ADDRESS (No. and Street or P.O Box)		FAX (808) 548-2975
680 IWILEI ROAD, SUITE 510		EMAIL
(City)	(State)	(Zip Code)
HONOLOLO	HAVVAII	96817
LOBBYIST FIRM/EMPLOYER (Fill in only if	you are employed by a business entity that has been retained to lobby)	TELEPHONE
CASTLE & COOKE PROPERTIES, INC.		(808) 548-4811
MAILING ADDRESS (No. and Street o	r P.O Box)	FAX (808) 548-2975
680 IWILEI ROAD, SUITE 510		EMAIL clovvorn@castlecooke.com
(City)	(State)	(Zip Code)
HONOLULU	ПАУУАП	96817

PART II.A ORGANIZATIO	N	
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
CASTLE & COOKE PROPERTIES, INC.		(808) 548-4811
MAILING ADDRESS (No. and Street or P.O Box)		FAX (808) 548-2975
680 IWILEI ROAD, SUITE 510		EMAIL
(City)	(State)	(Zip Code) 96817
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		▼ n/a
METHODS USED BY MEMBERS T	O MAKE POLICY DECISIONS	⋉ n/a

PART II.B NO LONGER LOBBYING	
☐ I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE

☑Business & Economic Development	□Community	Services		□Customer	Services
□Culturę & Arts	⊠Housing		□Public Wo Sustainabilit	orks, Infrastructure &	
□Parks & Recreation	□Public Healt	□Public Health, Safety & Welfare		□Tourism	
			11.51	☐Specific L	egislation:
□Transportation	□Zoning & Planning		Admin. Rule	(Year) (Year) No.	
□Other (indicate below):			-		
PART IV LOBBYIST CE	RTIFICATIO	N			
I hereby certify that the foregoing correct. LOBBYIST SIGNATURE JAN - 5 2018 DATE	This By: KYOKO NOTARY O		day of January , 2018 O PATOC, State of Hawait V O PATOMANY OFFICIAL AUTRORIZED TO ADMINISTER OATHS Imission expires 2		
PART V AUTHORIZATION	ON TO LOBE	3Y			
NAME HARRY A. SAUNDERS		TITLE OF REPRESE PRESIDE	ENTED	RIZING OFFIC	CER OR PERSON
NAME OF ORGANIZATION (if ap	plicable)	1 TREGIDE	11	Т	ELEPHONE
CASTLE & COOKE PROPERTIES,				= (3	808) 548-4811
MAILING ADDRESS (No. and Str 680 IWILEI ROAD, SUITE 510	reet or P.O Box)			Ē	AX (808) 548-2975 MAIL saunders@castlecooke.com
(City)	(State)	WAII		(2	Zip Code) 96817
I hereby authorize the above-nam	ned person to eng	age in lobby	ing activi	ties on behalf	of the undersigned.
	/	_	uninini	PATON	JAN - 5 2018
(Signature of Authorizing Officer of	or Person Renres	ented)	"in K	O 11/1/2	(Date)

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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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Q 1.12.18/

REGISTRATION

Lobbyist Registration (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle)		TELEPHONE
LUI-KWAŃ, IVAŃ M.		(808) 537-6100
MAILING ADDRESS (No. and Street or P.O Box) 733 BISHOP STREET, SUITE 1900		FAX (808) 537-5434
		EMAIL iluikwan@stamlaw.com
(City) HONOLULU	(State) HAWAII	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if	you are employed by a business entity that has been retained to lobby)	TELEPHONE
STARN O'TOOLE MARCUS & FISHER		(808) 537-6100
MAILING ADDRESS (No. and Street o	r P.O Box)	FAX (808) 537-5434
733 BISHOP STREET, SUITE 1900		EMAIL
(City)	(State)	(Zip Code) 96813
PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOB	BV FOR (Do not abbreviate)	TELEPHONE
PARK HOTELS & RESORTS INC.	BTTOR (DOTION DEDICABLE)	(703) 584-7979
MAILING ADDRESS (No. and Street o.	r P O Box)	FAX
1600 TYSONS BOULEVARD, 10TH FLOO	· ·	EMAIL
	Y	
(City) MCLEAN	(State) VIRGINIA	(Zip Code) 22102
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		⊠ n/a
METHODS USED BY MEMBERS TO	MAKE POLICY DECISIONS	⊠ n/a
PART II.B NO LONGER LO	BBYING	
☐ I am no longer authorized to lobb	y on behalf of the organization in Part II.A	DATE

NOTE: This is a public document.

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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		#ISpecific Legislation: Bill No. (Year) Reso No. 17-303 (Year) 2017 Admin. Rule No. Dept.	
□Other (indicate below):	cate below):			
PART IV LOBBYIST CER	RTIFICATION			
nereby certify that the loregoing statements are true and		and sworn to before me day of January ACE DOIS.		
LOBBYIST SIGNATURE By: NOTARY OF		ANY OFFICIAL AUTHORIZED TO ADMINISTER DANHS		
DATE 4, 201	0/8		nission expires: 19/20/9	
PART V AUTHORIZATIO	N TO LOBBY			
NAME Thomas J. Beltimor	e, Jr- REPRESI		President & LEO	
NAME OF ORGANIZATION (if applicable) PARK HOTELS & RESORTS INC.		TELEPHONE (703) 584-7979		
MAILING ADDRESS (No. and Street or P.O Box)			FAX	
1600 TYSONS BOULEVARD, 10TH F	LOOR		EMAIL	
(City) MCLEAN	(State) VIRGINIA		(Zip Code) 22102	
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.				
(Signature of Authorizing Officer or	Paman Panracanted)		(Data)	

NOTARY CERTIFICATION STATEMENT
Des Dates 7
Doc. Date: January 4, 2018 Undated at time of notarization
Document Description: City and County of Honolulu Ethics
Commission Lobbyist Registration Form for Ivan M. Lui-Kwan
(Park Hotels & Resorts Inc.)
No. of Pages: 3
Jurisdiction: First Judicial Circuit
Honolulu, Hawaii
Demolette a. Le January 4, 2018 " HAWA!
Signature of Notary Date of Notarization and
Certification Statement
Bernadette A. Lee (Official Stamp or Seal)
Printed Name of Notary



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

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

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REGISTRATION

Lobbyist Registration (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle)		TELEPHONE
Lori Ann C. Lum		808-544-8300
MAILING ADDRESS (No. and Street or P.O Box)		FAX
999 Bishop Street, Suite 1250		EMAIL lum@wik.com
(City) Honolulu	(State)	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only	f you are employed by a business entity that has been retained to lobby)	TELEPHONE
Watanabe Ing LLP		808-544-8300
MAILING ADDRESS (No. and Street of	or P.O Box)	FAX
999 Bishop Street, Suite 1250		EMAIL Ilum@wik.com
(City) Honolulu	(State)	(Zip Code) 96813
PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOS	BBY FOR (Do not abbreviate)	TELEPHONE
The Howard Hughes Corporation/		808-591-8411
MAILING ADDRESS (No. and Street of	or P.O Box)	FAX
1240 Ala Moana Blvd., Suite 200		EMAIL Todd.Apo@howardhughes.com
(City) Honolulu	(State) HI	(Zip Code) 96814
NUMBER OF MEMBERS (IF LOBBY	ON BEHALF OF MEMBERS)	⋉ n/a
METHODS USED BY MEMBERS TO	MAKE POLICY DECISIONS	⋉ n/a
PART II.B NO LONGER LO	BBYING	

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Development	□Community	Services	□Customer Services
□Culture & Arts	⊠Housing		□Public Works, Infrastructure & Sustainability
□Parks & Recreation			□Tourism
			☐Specific Legislation:
□Transportation	⊠Zoning & Planning		Bill No. (Year) Reso No. (Year) Admin. Rule No. Dept.
Other (indicate below):			
PART IV LOBBYIST CEI	RTIFICATIO	N	
		This /	Haday of Vanuary 2018
1/12/18	<u>un</u>	By: NOTARYO Charle	ene M. Moriwaki mission expires:
DATE 1 18		NOTARY O Charle My comi	RANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS ene M. Moriwaki mission expires:
PART V AUTHORIZATIONAME	ON TO LOBE	NOTARYO Charle My come TITLE OF AUTHOR REPRESENTED	RANY OFFICER OR PERSON
PART V AUTHORIZATIONAME odd Apo	ON TO LOBB	By: NOTARY O Charle My come	RANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS ene M. Moriwaki mission expires: Clibb L.S. RIZING OFFICER OR PERSON Hopment TELEPHONE
PART V AUTHORIZATION IAME IAME IAME OF ORGANIZATION (if app	ON TO LOBB	NOTARYO Charle My come TITLE OF AUTHOR REPRESENTED	RANY OFFICER OR PERSON
PART V AUTHORIZATION NAME odd Apo NAME OF ORGANIZATION (if app	ON TO LOBE	NOTARYO Charle My come TITLE OF AUTHOR REPRESENTED	RANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS ene M. Moriwaki mission expires: Clibb L.S. RIZING OFFICER OR PERSON Hopment TELEPHONE
DATE PART V AUTHORIZATION NAME rodd Apo NAME OF ORGANIZATION (if app the Howard Hughes Corporation MAILING ADDRESS (No. and Stree 240 Ala Moana Blvd., Suite 200 City) Honolulu	ON TO LOBE	NOTARYO Charle My come TITLE OF AUTHOR REPRESENTED	RANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS ene M. Moriwaki mission expires: Clirbo L.S. RIZING OFFICER OR PERSON lopment TELEPHONE 808-591-8411

NOTE: This is a public document.

(Signature of Authorizing Officer or Person Represented)

Pages. 2 First Circuit

Motary Signature
NOTARY CERTIFICATION
Charlene M. Moriwaki



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

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REGISTRATION

Lobbyist Registration (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle)		TELEPHONE
Luning, Debra M A		808-599-8370
MAILING ADDRESS (No. and Street or P.O Box)		FAX 808-599-8342
733 Bishop Street, Suite 1400		EMAIL DebbieL@gentryhawaii.com
(City) Honolulu	(State)	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you	ou are employed by a business entity that has been retained to lobby)	TELEPHONE
MAILING ADDRESS (No. and Street or	P.O Box)	FAX
		EMAIL
(City)	(State)	(Zip Code)
		-
PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBE	Y FOR (Do not abbreviate)	TELEPHONE
Gentry Homes, Ltd.		808-599-5558
MAILING ADDRESS (No. and Street or	P.O Box)	FAX 808-599-8342
733 Bishop Street, Suite 1400		EMAIL DebbieL@gentryhawaii.com
(City) Honolulu	(State)	(Zip Code) 96813
NUMBER OF MEMBERS (IF LOBBY O	,	⋉ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		⋉ n/a

PART II.B NO LONGER LOBBYING	
\square I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE

Rev. 12/2017

<u></u>					
)F SUBJE	CTS 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		Welfare	□Tourism	
				☐Specific Legislation:	
⊠Transportation	⊠Zoning & Planning			Bill No(Year) Reso No(Year) Admin. Rule No Dept	
□Other (indicate below):					
PART IV LOBBYIST CER	TIFICATIO	N	-		
			Subscrib	ed and sworn to before me	
I hereby certify that the foregoing sta correct.	itements are tr	ue and	1	d day of Jaman 2018	
				T. HAL	
	NOTARYO		NOTARYOR	ANY OFFICIAL ALTHORIZED TO ASMINISTER CATHS	
January 3, 2018	ary 3, 2018 My com		nission expires:* DUBLING		
DATE	_ W - 3		R ANY OFFICIAL ALTI VOINZED TO AND NISTER CATHS 87-548 IN THE OF HAMILIAN AND THE OF		
DADT V AUTUODIZATION	LTOLODI	D)/			
PART V AUTHORIZATION NAME	A LO LOBI		ALITUOD	IZINO OFFICER OF PERCON	
Robert W. Brant	REPRESENTED President and CEO			IZING OFFICER OR PERSON	
NAME OF ORGANIZATION (if applic	cable)	1.1001001110		TELEPHONE	
Gentry Homes, Ltd.			808-599-5558		
MAILING ADDRESS (No. and Street or P.O Box)			FAX 808-599-8342		
733 Bishop Street, Suite 1400		EMAIL			
(City)	(State)			(Zip Code)	
Honolulu				96813	
I hereby authorize the above-named	person to enga	age in lobby	ving activiti		
Meturat			1/3/18		
(Signature of Authorizing Officer or Person Represented)			(Date)		

Rev. 12/2017

Doc Date: # Pages: ** Name: SYLVIA T. HAYASHI FIVST Circuit Doc. Description: Registration
Mul Dayner 1.3.18
NOTARY DERTHICATION Date
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NOTARXIDER THE CATION AT. HALATION AT. HALATION AT. HALATION BY TOTARY BY TOTARY AND BLICK TOTARY TOTA
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THE OF HALL
William Hilling



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
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DATE

REGISTRATION

Lobbyist Registration (Type or Print Clearly)

PART I LOBBYIST NAME (Last) (First) (Middle)		1
NAME (Last) (First) (Middle)		
		TELEPHONE
Luning, Debra M A		808-599-8370
MAILING ADDRESS (No. and Street or P.O Box)		FAX 808-599-8342
733 Bishop Street, Suite 1400		
		EMAIL DebbieL@gentryhawaii.com
(City)	(State)	(Zip Code)
Honolulu	HI	96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you	are employed by a business entity that has been retained to lobby)	TELEPHONE
MAILING ADDRESS (No. and Street or F	P.O Box)	FAX
		EMAIL
(City)	(State)	(7in Codo)
(Oity)	(State)	(Zip Code)
PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY	FOR (Do not abbreviate)	TELEPHONE
Gentry Investment Properties		808-599-5558
MAILING ADDRESS (No. and Street or P.O Box)		FAX 808-599-8342
733 Bishop Street, Suite 1400		EMAIL
(City)	(State)	DebbieL@gentryhawaii.com (Zip Code)
(City) Honolulu	''HI	96813
NUMBER OF MEMBERS (IF LOBBY ON	BEHALF OF MEMBERS)	
		⊠ n/a
METHODS USED BY MEMBERS TO MA	[F] _ /_	
		⋉ n/a
PART II.B NO LONGER LOB	BYING	

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

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		Welfare	□Tourism	
⊠Transportation	⊠Zoning & Planning			□Specific Legislation: Bill No(Year) Reso No(Year) Admin. Rule No. Dept	
□Other (indicate below):					
PART IV LOBBYIST CER	TIFICATIO	N			
correct.		Subscribed and sworn to before me This 3 day of Jaman, 2018. By: Subscribed and sworn to before me This 3 day of Jaman, 2018.			
January 3, 2018 My comm DATE ℓ () · > ·			mission expires: 6 19 87-548		
PART V AUTHORIZATIO	N TO LOBE	3Y		THE OF HAMIN	
NAME Norman Gentry			ENTED	ZIZING OFFICER OR PERSON	
NAME OF ORGANIZATION (if applicable)			TELEPHONE		
Gentry Investment Properties			808-599-5558		
MAILING ADDRESS (No. and Stree	t or P.O Box)			FAX 808-599-8342	
733 Bishop Street, Suite 1400				EMAIL NormanG@gentryhawaii.com	
(City) Honolulu	(State)			(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) (Date)					

Doc Date: 1.3.18

Name: CYLVIA T HAYASHI

Doc. Description: Registration

Signature

NOTARY CERTIFICATION

Date

NOTARY CERTIFICATION

Jul 3, 2015



PART I LOBBYIST

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

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REGISTRATION

Lobbyist Registration (Type or Print Clearly)

18 JAN 16 P2:48

DATE

Mailing Address (No. and Street or P.O Box) PO BOX 2577 (City) HONOLULU LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) 808 - 538 - 6616 FAX EMAIL JODI.MALINOSK SIETRACLUB.OF9 (Zip Code) 96803 TELEPHONE
PO BOX 2577 EMAIL JODI.MALINOSK SIETRACIUL.OTG (City) HONOLULY (State) HONOLULY (State) HONOLULY (State) HONOLULY (State) HONOLULY
(City) (State) (Zip Code) Honoluly Hawaii 96803
Honolulu Hawaii 96803
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) TELEPHONE
•
Sierra Club of Hawaii 808-538-6616
MAILING ADDRESS (No. and Street or P.O Box) FAX
PO BOX 2577 FINALL hawait-chapter Sierraclub.org
(City) (Zip Code) Honolulu (Single :sanique noispignos vili) (2ip Code)
PART II.A ORGANIZATION
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) TELEPHONE
sierra Club of Hawaii 808-538-6616
MAILING ADDRESS (No. and Street or P.O Box) FAX
PO BOX 2577
(City) (State) (Zip Code)
Honolulu Hawaii 96803
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)
2,700 n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS
Elected Executive Committee, policies set by National

Rev. 12/2017

PART II.B NO LONGER LOBBYING

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

PART III DESCRIPTION O	OF SUBJEC	CTS ON	WHICH	YOU EXI	PECT TO LOBBY	
☑Business & Economic Development	□Community Services		□Customer Services			
□Culture & Arts	☑Housing		☑Public Wo Sustainability	rks, Infrastructure & /		
☑Parks & Recreation	□Public Healt	th, Safety 8	Welfare	 Tourism		
Mar of the 81° ☐Transportation	☑Zoning & PI	anning		Admin. Hule	egislation:(Year)(Year) No	
□Other (indicate below):			•			
	95,					
PART IV LOBBYIST CER	TIFICATIO	N				
correct.			This D	and sworn to before me day of Sahuhu, 2018.		
LOBBYIST SIGNATURE By: NOTARY OR A				THORIZED TO ADMINISTER OATHS		
1/10/17 DATE			Notary Public State of Ham	nission expires c, First Judicial Circu pai ion expires: April 8,	09-98 * =	
PART V AUTHORIZATIO	V TO LOBE	RV	1,00		Manager 11	
NAME Martha Townsend	TTO EODE	TITLE OF REPRESI			ER OR PERSON	
NAME OF ORGANIZATION (if appli	,			TE	LEPHONE	
Sierra Club of Hawaii				80	8-538-6616	
MAILING ADDRESS (No. and Stree	t or P.O Box)			FA	X	
ро вох 2577					MAIL marti.townsend@ ierraclub.org	
(City) Honolulu	(State) Hawaii			, ,	p Code) 6803	
I hereby authorize the above-named	person to enga	age in lobby	ving activiti	,		
(Signature of Authorizing Officer or F	Person Represe	ented)	ammining.	- ga	(Date)	
Rev. 12/2017	NOTE: This	is a pablic	OTAR 09-98	* Doc. Desci	JAN 1 0 2018 # Pages: Circuit poion: Purish vatur JAN 1 0 2018 Date	



PART I LOBBYIST

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/ HOHOLULU ETHICS COMMISSION RECEIVED

THIS SPACE FOR OFFICE USE ONLY

18 JAN 10 P7:08

REGISTRATION

Lobbyist Registration (Type or Print Clearly)

NAME (Last) (First) (Middle)		TELEPHONE
MARCUS, KENNETH B.	(808) 537-6100	
MAILING ADDRESS (No. and Street or P.O Box)		FAX (808) 537-5434
733 BISHOP STREET, SUITE 1900		EMAIL kmarcus@starnlaw.com
(City) HONOLULU	U (State) HAWAII	
LOBBYIST FIRM/EMPLOYER (Fill in only if y	TELEPHONE	
STARN O'TOOLE MARCUS & FISHER		(808) 537-6100
MAILING ADDRESS (No. and Street or P.O Box)		FAX (808) 537-5434
733 BISHOP STREET, SUITE 1900		EMAIL
(City) HONOLULU	(State) HAWAII	(Zip Code)
HONOLOLO	96813	
PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
PARK HOTELS & RESORTS INC. /		(703) 584-7979
MAILING ADDRESS (No. and Street or P.O Box)		FAX
1600 TYSONS BOULEVARD, 10TH FLOOR		EMAIL.
(City) MCLEAN	(State) VIRGINIA	(Zip Code) 22102
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		⊠ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		⊠ n/a
PART II.B NO LONGER LO	BBYING	
☐ I am no longer authorized to lobby	DATE	

Rev. 12/2017

PART III DESCRIPTION	OF SUBJECTS ON	WHICH	YOU EXPECT TO LOBBY	
☐Business & Economic Development	□Community Services		□Customer Services	
□Culture & Arts			☐Public Works, Infrastructure & Sustainability	
□ Parks & Recreation			⊠ Tourism	
□Transportation	図Zoning & Planning	-	Bill No. (Year) Reso No. 17-303 (Year) 2017 Admin. Rule No. Dept.	
□Other (indicate below):				
PART IV LOBBYIST CER	RTIFICATION			
Thoropy contry that the fologoing statements are that and			Subscribed and swom to before me. This 4th day of January ADET BOTH. By: Delinatellis ARY OFFICIAL AUTHORIZED TO ADMINISTER DATHS	
January 4, 2018 N			My commission expires: 236 6/29/2019	
PART V AUTHORIZATIO	N TO LOBBY	**************		
NAME Thomas J Baltima	TITLE OF		President à CED	
NAME OF ORGANIZATION (if applicable) PARK HOTELS & RESORTS INC.			TELEPHONE (703) 584-7979	
MAILING ADDRESS (No. and Stre 1600 TYSONS BOULEVARD, 10TH F	,	· · · · · · · · · · · · · · · · · · ·	FAX EMAIL	
(City) MCLEAN	(State) VIRGINIA		(Zip Code) 22102	
I hereby authorize the above-name (Signature of Authorizing Officer or		ying activit	ies on behalf of the undersigned.	

NOTARY CERTIFICATION STATEMENT

Doc. Date: Vanuary 4, 2018 [] Undated at time of notarization

Document Description: <u>City and County of Honolulu Ethics</u> Commission Lobbyist Registration Form for Kenneth B. Marcus

(Park Hotels & Resorts Inc.)

No. of Pages: 3

Jurisdiction: First Judicial Circuit

Honolulu, Hawaii

Signature of Notary

Date of Notarization and

Certification Statement

Bernadette A. Lee

(Official Stamp or Seal)

Printed Name of Notary