



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

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

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
 ETHICS COMMISSION
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2-12-18

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REGISTRATION

Lobbyist Registration
 (Type or Print Clearly)

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

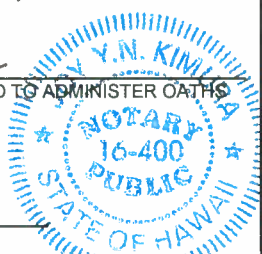
PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) LAND USE RESEARCH FOUNDATION OF HAWAII		TELEPHONE (808) 521-4717
MAILING ADDRESS (No. and Street or P.O Box) 1100 Alakea St., Suite 408		FAX (808) 536-0132
(City) Honolulu	(State) HI	EMAIL darakawa@lurf.org (Zip Code) 96813
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		<input checked="" type="checkbox"/> n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		<input checked="" type="checkbox"/> n/a

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

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input checked="" type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p><u>Joy Y.N. Kimura</u> LOBBYIST SIGNATURE</p> <p><u>2-9-18</u> DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>9th</u> day of <u>February</u>, <u>2018</u>.</p> <p>By: <u>Joy Y.N. Kimura</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>11-26-2020</u></p> 
---	---

PART V AUTHORIZATION TO LOBBY

NAME DAVID Z. ARAKAWA		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Executive Director	
NAME OF ORGANIZATION (if applicable) LAND USE RESEARCH FOUNDATION OF HAWAII		TELEPHONE (808) 521-4717	
MAILING ADDRESS (No. and Street or P.O. Box) 1100 Alakea St., Suite 408		FAX (808) 536-0132	
		EMAIL darakawa@lurf.org	
(City) Honolulu	(State) HI	(Zip Code) 96813	
<p><i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i></p> <p><u>David Z. Arakawa</u> <u>2-9-18</u> (Signature of Authorizing Officer or Person Represented) (Date)</p>			

Doc. Date: 2-9-18 (Date) #Pages: 2
 Notary Name: Joy Y.N. Kimura 1st Circuit
 Doc. Description: Honolulu Ethics Commission Lobbyist Registration Form



HONOLULU ETHICS COMMISSION

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

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Website: <http://www.honolulu.gov/ethics/>

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ETHICS COMMISSION
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REGISTRATION

Lobbyist Registration
(Type or Print Clearly)

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PART I LOBBYIST

NAME (Last) (First) (Middle) <i>Black, Robert Brian</i>		TELEPHONE <i>531-4000</i>
MAILING ADDRESS (No. and Street or P.O Box) <i>700 Bishop Street, Suite 1701</i>		FAX
(City) <i>Honolulu</i>	(State) <i>HI</i>	EMAIL <i>brian@civilbeatlawcenter.org</i>
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) <i>MAJUL MHD.</i>		(Zip Code) <i>96813</i>
MAILING ADDRESS (No. and Street or P.O Box)		TELEPHONE
(City)		FAX
(State)		EMAIL
		(Zip Code)

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) <i>Civil Beat Law Center for the Public Interest</i>		TELEPHONE <i>531-4000</i>
MAILING ADDRESS (No. and Street or P.O Box) <i>700 Bishop Street, Suite 1701</i>		FAX
(City) <i>Honolulu</i>	(State) <i>HI</i>	EMAIL <i>info@civilbeatlawcenter.org</i>
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		(Zip Code) <i>96813</i>
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		<input checked="" type="checkbox"/> n/a


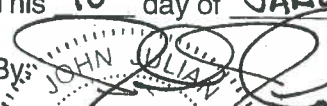
PART II.B NO LONGER LOBBYING

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


PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): <i>Transparency</i>		

PART IV LOBBYIST CERTIFICATION

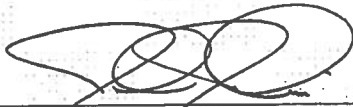
<p>I hereby certify that the foregoing statements are true and correct.</p> <p> LOBBYIST SIGNATURE</p> <p><u>1-10-18</u> DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>10</u> day of <u>JANUARY</u>, 20<u>18</u>.</p> <p>By:  <u>JOHN JULIAN</u> NOTARY PUBLIC NOTARY PUBLIC OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>12/08/21</u> No. <u>13431</u> STATE OF HAWAII</p>
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PART V AUTHORIZATION TO LOBBY

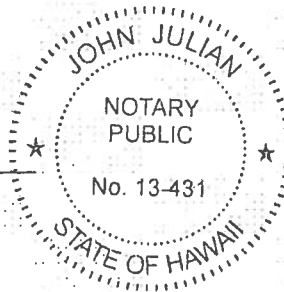
NAME <u>Robert Black</u>		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED <u>Executive Director to 7/12/18 phone</u>	
NAME OF ORGANIZATION (if applicable) <u>Civil Beat Law Center For the Public Interest</u>		TELEPHONE <u>531-4600</u>	
MAILING ADDRESS (No. and Street or P.O. Box) <u>706 Bishop Street, Suite 1701</u>		FAX	
(City) <u>Honolulu</u>	(State) <u>HI</u>	EMAIL <u>brian@civilbeatlawcenter.org</u>	
		(Zip Code) <u>96813</u>	
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.			
 (Signature of Authorizing Officer or Person Represented)		<u>1-10-18</u> (Date)	


**STATE OF HAWAII
CITY AND COUNTY OF HONOLULU
FIRST JUDICIAL CIRCUIT**

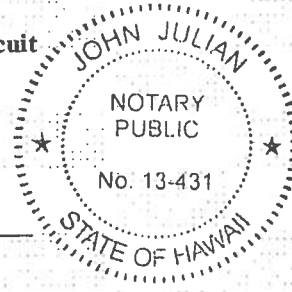
On January 10, 2018, before me personally appeared Robert B. Black, to me known to be the person (or persons) described in and who executed the foregoing instrument, and acknowledged that the person (or persons) executed the same as the person's (or persons') free act and deed.



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
Doc. Description: REGISTRATION LOBBYIST REGISTRATION	
 Notary Signature	01 / 10 / 18 Date





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REGISTRATION

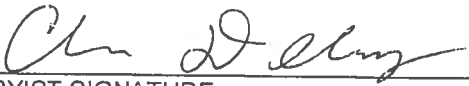
Lobbyist Registration
 (Type or Print Clearly)

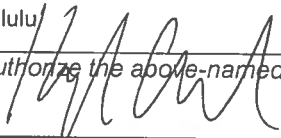
PART I LOBBYIST		
NAME (Last) (First) (Middle) Delaunay, Christopher M.		TELEPHONE 808-528-5557
MAILING ADDRESS (No. and Street or P.O Box) 1100 Alakea Street, 4th Floor		FAX 808-528-0421
(City) Honolulu	(State) HI	EMAIL cdelaunay@prp-hawaii.com
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		(Zip Code) 96813
MAILING ADDRESS (No. and Street or P.O Box)		TELEPHONE
(City)		FAX
(State)		EMAIL
(City)		(Zip Code)

PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Pacific Resource Partnership		TELEPHONE 808-528-5557
MAILING ADDRESS (No. and Street or P.O Box) 1100 Alakea Street, 4th Floor		FAX 808-528-0421
(City) Honolulu	(State) HI	EMAIL
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS) approximately 240 signatory contractors & 5,000 carpenter union members		(Zip Code) 96813
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS Board of Directors and Executive Director		<input type="checkbox"/> n/a
		<input type="checkbox"/> n/a

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

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY		
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART IV LOBBYIST CERTIFICATION	
<p>I hereby certify that the foregoing statements are true and correct.</p> <p> LOBBYIST SIGNATURE</p> <p><u>1/3/18</u> DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>3rd</u> day of <u>January</u>, <u>2018</u>.</p> <p>By: <u>Naphue Kealoha</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>June 11, 2021</u></p>

PART V AUTHORIZATION TO LOBBY		
NAME Kyle Chock	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Interim Executive Director	
NAME OF ORGANIZATION (if applicable) Pacific Resource Partnership	TELEPHONE 808-528-5557	FAX 808-528-0421
MAILING ADDRESS (No. and Street or P.O. Box) 1100 Alakea Street, 4th Floor	EMAIL	(Zip Code) 96813
(City) Honolulu	(State) HI	
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.		
 (Signature of Authorizing Officer or Person Represented)		<u>1/10/18</u> (Date)

HAWAII ALL-PURPOSE ACKNOWLEDGMENT

H.R.S 502-41(6)

State of Hawaii

County of Honolulu

} ss.

On this 3rd day of January, 2018, in the First Circuit Court, State of Hawaii,

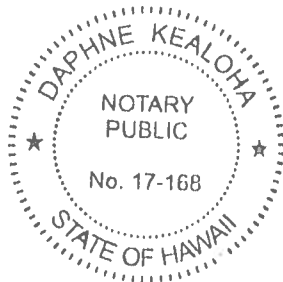
before me personally appeared Christopher M. Delaunay (,) (and

N/A (,) to me personally known or proved

to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to this instrument, who, being by me duly sworn or affirmed, did say that such person(s) executed the foregoing instrument identified or described as Lobbyist Registration as the free act and deed of such person(s),

and if applicable, in the capacity shown having been duly authorized to execute such instrument in such capacity. The foregoing instrument is dated undated and

contained 2 pages at the time of this acknowledgment/certification.

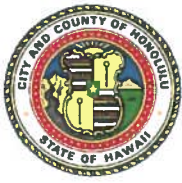


Daphne Kealoha
Printed Name of Notary Public

Notary Public — STATE OF HAWAII
My commission expires: June 11, 2021

Daphne Kealoha
Signature of Notary Public

Place Notary Seal or Stamp Above



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

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 Website: <http://www.honolulu.gov/ethics/>

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REGISTRATION

Lobbyist Registration
 (Type or Print Clearly)

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PART I LOBBYIST		
NAME (Last) (First) (Middle) Gill Gary L		TELEPHONE 808 366-8950
MAILING ADDRESS (No. and Street or P.O Box) 2465 Booth Road		FAX —
(City) Honolulu	(State) HI	EMAIL garylgill@gmail.com
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) Self / Gary Gill Consultant		(Zip Code) 96813
MAILING ADDRESS (No. and Street or P.O Box) Same		TELEPHONE Same
(City) Same	(State) Same	FAX —
		EMAIL Same
		(Zip Code) Same



PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Sierra Club of Hawaii		TELEPHONE 538-6616
MAILING ADDRESS (No. and Street or P.O Box) P.O. Box 2577		FAX —
(City) Honolulu	(State) HI	EMAIL hawaii.chapter@sierraclub.org
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		(Zip Code) 96803
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		<input checked="" type="checkbox"/> n/a
		<input checked="" type="checkbox"/> n/a

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

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY


<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p></p> <p>_____ LOBBYIST SIGNATURE</p> <p>1/17/18 _____ DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>17th</u> day of <u>January</u>, 2018.</p> <p>By: </p> <p>_____ NOTARY OF ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>5-29-19</u></p>
--	--



PART V AUTHORIZATION TO LOBBY

NAME <u>Marti Townsend</u>	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED <u>Chapter Director</u>
NAME OF ORGANIZATION (if applicable) <u>Siena Club</u>	TELEPHONE <u>808-538-6616</u>
MAILING ADDRESS (No. and Street or P.O. Box) <u>P.O. Box 2577</u>	FAX <u>☺</u>
	EMAIL <u>hawaii.chapter@sieniaclub.org</u>
(City) <u>Honolulu</u>	(State) <u>Hawaii</u>
(Zip Code) <u>96803</u>	
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>	
 _____ (Signature of Authorizing Officer or Person Represented)	<u>Jan. 16, 2018</u> _____ (Date)

HAWAII JURAT WITH AFFIANT STATEMENT

State of Hawaii

County of Honolulu

} ss.

See attached document (Notary to cross out lines 1-7 below.)

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

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____

Signature of Signer No. 1

Signature of Signer No. 2 (if any)

This 2 page Registration
No. of Pages Description of Document
dated N/A was subscribed and sworn
Document Date

to before me this 17th day of January, 2018, in the
Day Month Year
1st Circuit Court of the State of Hawaii, by

Name of Circuit
Gary L. Gill

Name of Signer No. 1
(and

N/A)

Name of Signer No. 2, if any

Signature of Notary

Date

Jennifer S. Galinato

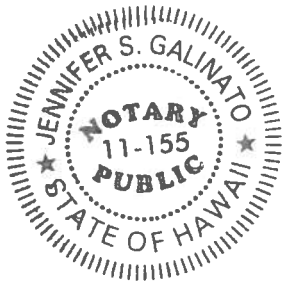
01/17/2018

Printed Name of Notary

05/29/2019

Place Notary Seal or Stamp Above

My commission expires: _____





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

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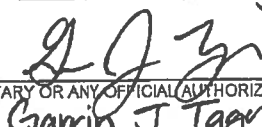
Lobbyist Registration
 (Type or Print Clearly)


PART I LOBBYIST		
NAME (Last) (First) (Middle) Gold Joy		TELEPHONE 808-368-1146
MAILING ADDRESS (No. and Street or P.O. Box) 1136 Union Mall, Ste. 403		FAX
		EMAIL joy@joygoldunlimited.com
(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
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) Meadow Gold Dairies		TELEPHONE 808-944-5911
MAILING ADDRESS (No. and Street or P.O. Box) 925 Cedar Street		FAX
		EMAIL john_erickson@deanfoods.com
(City) Honolulu	(State) HI	(Zip Code) 96814
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		<input checked="" type="checkbox"/> n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		<input checked="" type="checkbox"/> n/a

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

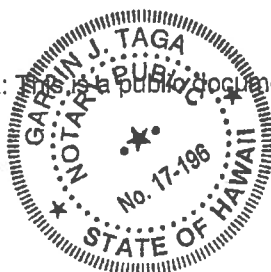
PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY		
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): waste management disposal discussion		

PART IV LOBBYIST CERTIFICATION	
<i>I hereby certify that the foregoing statements are true and correct.</i>  LOBBYIST SIGNATURE 1/9/18 DATE	Subscribed and sworn to before me This <u>9</u> day of <u>January</u> , <u>2018</u>  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>6-18-21</u>


PART V AUTHORIZATION TO LOBBY		
NAME John Erickson	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED General Manager	
NAME OF ORGANIZATION (if applicable) Meadow Gold Dairies	TELEPHONE 808-944-5911	FAX
MAILING ADDRESS (No. and Street or P.O. Box) 925 Cedar Street	EMAIL john_erickson@deanfoods.com	(Zip Code) 96814
(City) Honolulu	(State) Hawaii	
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>  (Signature of Authorizing Officer or Person Represented)		
		<u>1/5/18</u> (Date)

Rev. 12/2017

NOTE: This is a public document.



NOTARY PUBLIC CERTIFICATION
 Garrin J. Taga, First Judicial Circuit
 Doc. Description: Registration

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

 Notary Signature Date 1-9-18



HONOLULU ETHICS COMMISSION
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REGISTRATION



Lobbyist Registration
 (Type or Print Clearly)

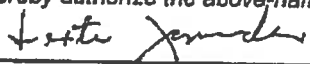
PART I LOBBYIST		
NAME (Last) (First) (Middle) Gold, Joy		TELEPHONE 808-368-1146
MAILING ADDRESS (No. and Street or P.O Box) 1136 Union Mall, Ste. 403		FAX
		EMAIL Joy@joygoldunlimited.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) KYD, Inc. dba: K Yamada Distributors		TELEPHONE 808-836-7301
MAILING ADDRESS (No. and Street or P.O Box) 2949 Koapaka Street		FAX
		EMAIL dy@kyd-inc.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96819
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		<input checked="" type="checkbox"/> n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		<input checked="" type="checkbox"/> n/a

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

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY		
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input checked="" type="checkbox"/> Specific Legislation: Bill No. <u>71, 73, 108</u> (Year) <u>2017/2018</u> Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART IV LOBBYIST CERTIFICATION	
I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 1/9/2018 DATE	Subscribed and sworn to before me This <u>9</u> day of <u>January</u> , <u>2018</u> .  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS Garrin J. Taga My commission expires: <u>6-18-21</u>


PART V AUTHORIZATION TO LOBBY		
NAME Dexter Yamada	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President	
NAME OF ORGANIZATION (if applicable) KYD, Inc. dba: K Yamada Distributors	TELEPHONE 808-836-7301	
MAILING ADDRESS (No. and Street or P.O. Box) 2949 Koapaka Street	FAX	EMAIL dy@kyd-inc.com
(City) Honolulu	(State) HI	(Zip Code) 96819
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.		
 (Signature of Authorizing Officer or Person Represented)		1/4/2018 (Date)

Rev. 12/2017

NOTE: This is a public document



NOTARY PUBLIC CERTIFICATION
 Garrin J. Taga First Judicial Circuit
 Doc. Description: Registration

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

 Notary Signature Date



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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REGISTRATION



Lobbyist Registration
 (Type or Print Clearly)

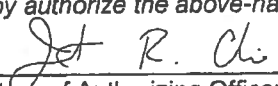
PART I LOBBYIST		
NAME (Last) (First) (Middle) Gold, Joy		TELEPHONE 808-368-1146
MAILING ADDRESS (No. and Street or P.O Box) 1136 Union Mall, Ste. 403		FAX
		EMAIL joy@joygoldunlimited.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Dart Container Corporation ✓		TELEPHONE (949) 262-3255
MAILING ADDRESS (No. and Street or P.O Box) 4000 Barranca Parkway		FAX (949) 262-3256
		EMAIL jonathan.choi@dart.biz
(City) Irvine	(State) California	(Zip Code) 92604
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		<input checked="" type="checkbox"/> n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		<input checked="" type="checkbox"/> n/a

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

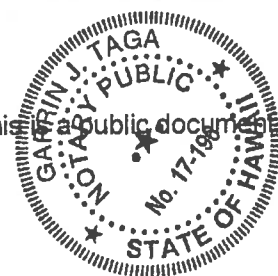
PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY		
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input checked="" type="checkbox"/> Specific Legislation: Bill No. <u>71, 73</u> (Year) <u>2017</u> Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

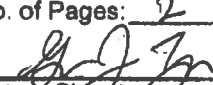
PART IV LOBBYIST CERTIFICATION	
<i>I hereby certify that the foregoing statements are true and correct.</i>  LOBBYIST SIGNATURE DATE <u>1/9/18</u>	Subscribed and sworn to before me This <u>9</u> day of <u>January</u> , <u>2018</u> . By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>6-18-21</u>

PART V AUTHORIZATION TO LOBBY		
NAME Jonathan Choi	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Regional Manager, Western Region, Gov Affairs & Environment	
NAME OF ORGANIZATION (if applicable) Dart Container Corporation	TELEPHONE (949) 262-3255	
MAILING ADDRESS (No. and Street or P.O. Box) 4000 Barranca Parkway	FAX (949) 262-3256	EMAIL jonathan.choi@dart.biz
(City) Irvine	(State) California	(Zip Code) 92604
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>		
 (Signature of Authorizing Officer or Person Represented)		<u>1/4/18</u> (Date)

Rev. 12/2017

NOTE: This is a public document.



NOTARY PUBLIC CERTIFICATION
 Garrin J. Taga
 First Judicial Circuit
 Doc. Description: Registration
 No. of Pages: 2 Date of Doc: 1-9-18

 Notary Signature Date



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

TEL: (808) 768-9242 FAX: (808) 768-7768
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REGISTRATION

Lobbyist Registration
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Hannemann Mulufi F.		TELEPHONE (808) 923-0407
MAILING ADDRESS (No. and Street or P.O Box) 2270 Kalakaua Avenue Suite 1702		FAX (808) 924-3843
		EMAIL mhannemann@hawaiilodging.org
(City) Honolulu	(State) HI	(Zip Code) 96815
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 LOBBY FOR (Do not abbreviate) Hawaii Lodging & Tourism Association		TELEPHONE (808) 923-0407
MAILING ADDRESS (No. and Street or P.O Box) 2270 Kalakaua Avenue		FAX (808) 924-3843
		EMAIL info@hawaiilodging.org
(City)	(State)	(Zip Code) 96815
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS) 700		<input type="checkbox"/> n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS Committee Meetings, Board of Directors Meetings		<input type="checkbox"/> n/a

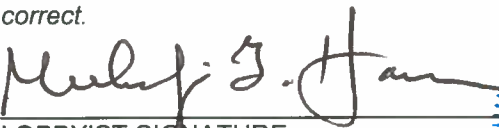
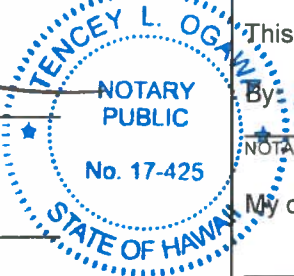

PART II.B NO LONGER LOBBYING	
<input type="checkbox"/> I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE




PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

<input checked="" type="checkbox"/> Business & Economic Development	<input checked="" type="checkbox"/> Community Services	<input checked="" type="checkbox"/> Customer Services
<input checked="" type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input checked="" type="checkbox"/> Parks & Recreation	<input checked="" type="checkbox"/> Public Health, Safety & Welfare	<input checked="" type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 1/10/18 DATE		Subscribed and sworn to before me This 10th day of January, 2018 By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: 10/08/2021
--	--	---

PART V AUTHORIZATION TO LOBBY

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

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UNDATED AT THE
Doc. Date: TIME OF NOTAR # Pages 2

Notary Name: Tency L. Ogawa First Circuit

Doc. Description Registration

 01/10/2018
Notary Signature Date



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

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 Website: <http://www.honolulu.gov/ethics/>

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REGISTRATION



Lobbyist Registration
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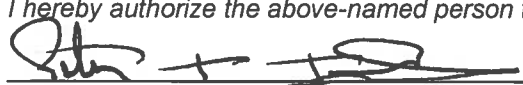
PART I LOBBYIST		
NAME (Last) (First) (Middle) Hayashi, Clyde T.		TELEPHONE 808-841-0491
MAILING ADDRESS (No. and Street or P.O Box) 2251 North School Street		FAX 808-847-4782
(City) Honolulu	(State) Hawaii	EMAIL chayashi@opcmia630.org (Zip Code) 96819
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)		FAX
(City)		EMAIL
(State)		(Zip Code)

PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Masons' Union, Local 630		TELEPHONE 808-841-0491
MAILING ADDRESS (No. and Street or P.O Box) 2251 North School Street		FAX 808-847-4782
(City) Honolulu	(State) Hawaii	EMAIL masonplaster@hotmail.com (Zip Code) 96819
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS) 980		<input type="checkbox"/> n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS Financial Sec.-Treas./Business Manager is elected to represent members and lead union.		<input type="checkbox"/> n/a

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

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY		
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): Construction Industry-related legislation/concerns		

PART IV LOBBYIST CERTIFICATION	
<i>I hereby certify that the foregoing statements are true and correct.</i>  _____ LOBBYIST SIGNATURE 1-9-18 _____ DATE	Subscribed and sworn to before me This <u>9th</u> day of <u>January</u> , 2018. By:  _____ NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires <u>ESRI LYNN K. K. TANAKA</u> Notary Public, First Judicial Circuit State of Hawaii *My Commission Expires: January 29, 2018

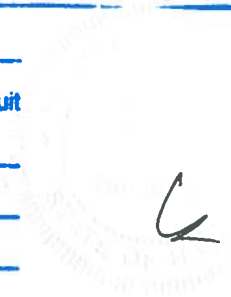
PART V AUTHORIZATION TO LOBBY		
NAME Peter T. Iriarte	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Financial Secretary-Treasurer/Business Manager	
NAME OF ORGANIZATION (if applicable) Masons' Union, Local 630	TELEPHONE 808-841-0491	
MAILING ADDRESS (No. and Street or P.O Box) 2251 North School Street	FAX 808-847-4782	
(City) Honolulu	(State) Hawaii	EMAIL masonplaster@hotmail.com
		(Zip Code) 96819
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>  _____ (Signature of Authorizing Officer or Person Represented)		
		1/9/18 _____ (Date)

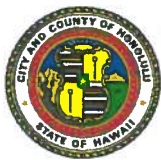
Document Date: 01/09/2018 # Pages: 3

Notary Name: TERRI LYNN K.K. TANAKA First Circuit

Doc. Description: Registration

Terrilyn K.K. Tanaka 1/9/2018
Notary Signature Date





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

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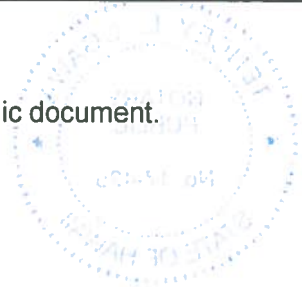
REGISTRATION

Lobbyist Registration
 (Type or Print Clearly)



PART I LOBBYIST		
NAME (Last) (First) (Middle) Higashi Jared S.		TELEPHONE (808) 923-0407
MAILING ADDRESS (No. and Street or P.O Box) 2270 Kalakaua Avenue Suite 1702		FAX (808) 924-3843
		EMAIL jhigashi@hawaiilodging.org
(City) Honolulu	(State) HI	(Zip Code) 96815
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 LOBBY FOR (Do not abbreviate) Hawaii Lodging & Tourism Association		TELEPHONE (808) 923-0407
MAILING ADDRESS (No. and Street or P.O Box) 2270 Kalakaua Avenue		FAX (808) 924-3843
		EMAIL info@hawaiilodging.org
(City)	(State)	(Zip Code) 96815
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS) 700		<input type="checkbox"/> n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS Committee Meetings, Board of Directors Meetings		<input type="checkbox"/> n/a

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



PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY		
<input checked="" type="checkbox"/> Business & Economic Development	<input checked="" type="checkbox"/> Community Services	<input checked="" type="checkbox"/> Customer Services
<input checked="" type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input checked="" type="checkbox"/> Parks & Recreation	<input checked="" type="checkbox"/> Public Health, Safety & Welfare	<input checked="" type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART IV LOBBYIST CERTIFICATION	
<p>I hereby certify that the foregoing statements are true and correct.</p> <p> LOBBYIST SIGNATURE</p> <p><u>1/10/2018</u> DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>10th</u> day of <u>January</u>, <u>2018</u></p> <p>By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>10/08/2021</u></p>

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

Rev. 12/2017



UNDATED AT THE
 Doc. Date: TIME OF NOTARY # Pages 2

Notary Name: Tencey L. Ogawa First Circuit
 Doc. Description Registration


 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
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PART I LOBBYIST

NAME (Last) (First) (Middle) <i>Hong, Lea</i>		TELEPHONE <i>524-8563</i>
MAILING ADDRESS (No. and Street or P.O Box) <i>1003 Bishop Street, Suite 740</i>		FAX <i>524-8565</i>
(City) <i>Honolulu</i>	(State) <i>HI</i>	EMAIL <i>lea.hong@tpl.org</i>
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) <i>to</i>		(Zip Code) <i>96822</i>
MAILING ADDRESS (No. and Street or P.O Box)		TELEPHONE
(City)		FAX
(State)		EMAIL
(Zip Code)		

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) <i>The Trust for Public Land</i>		TELEPHONE <i>524-8560</i>
MAILING ADDRESS (No. and Street or P.O Box) <i>1003 Bishop St., Suite 740</i>		FAX <i>524-8565</i>
(City) <i>Honolulu</i>	(State) <i>HI</i>	EMAIL <i>lea.hong@tpl.org</i>
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		(Zip Code) <i>96822</i>
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		<input checked="" type="checkbox"/> n/a



PART II.B NO LONGER LOBBYING

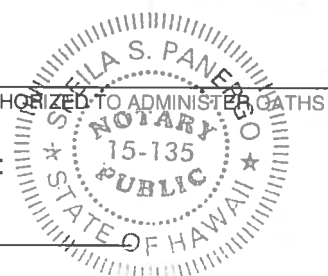
<input type="checkbox"/> I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE
--	------

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): Clean Water & Natural Lands		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 1/4/2018 DATE	Subscribed and sworn to before me This <u>4</u> day of <u>January</u> , 2018. By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>APR 05 2019</u>
---	---



PART V AUTHORIZATION TO LOBBY

NAME <u>Lea Hong</u>		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED <u>State Director</u>	
NAME OF ORGANIZATION (if applicable) <u>The Trust for Public Land</u>		TELEPHONE <u>524-8563</u>	
MAILING ADDRESS (No. and Street or P.O. Box) <u>1003 Bishop St., Suite 740</u>		FAX <u>524-8565</u>	
		EMAIL <u>lea.hong@tpl.org</u>	
(City) <u>Honolulu</u>	(State) <u>HI</u>	(Zip Code) <u>96822</u>	
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.			
 (Signature of Authorizing Officer or Person Represented)		<u>1/4/2018</u> (Date)	

JURAT WITH AFFIANT STATEMENT

State of Hawaii
County of Honolulu } ss.
First Judicial Circuit

- See attached document (Notary to cross out lines 1-8 below.)
- See statement below (Lines 1-8 to be completed only by document signer[s].)

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____

N/A
Signature of Signer No. 1

N/A
Signature of Signer No. 2

Document Description:
Registration

Document Date: JAN 04 2018
No. Pages: 1

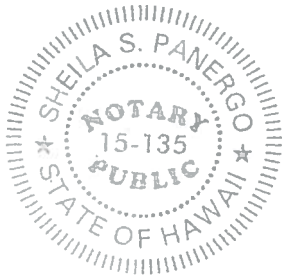
Subscribed and sworn to (or affirmed) before me
this 4 day of January, 2018
by

(1) Lea Hong
Name of Signer

and
(2) N/A
Name of Signer

Sheila S. Panergo JAN 04 2018
Notary's Signature Date

Sheila S. Panergo
Printed Name of Notary



My commission expires: APR 05 2019

Place Notary Seal or Stamp Above



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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REGISTRATION

Lobbyist Registration
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Hudson, Jennifer		TELEPHONE 503-708-9714
MAILING ADDRESS (No. and Street or P.O Box) 91-056 Hanua Street		FAX
		EMAIL jhudson@schn.com
(City) Kapolei	(State) HI	(Zip Code) 96707
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 LOBBY FOR (Do not abbreviate) Schnitzer Steel Hawaii Corp		TELEPHONE 503-708-9714
MAILING ADDRESS (No. and Street or P.O Box) 91-056 Hanua Street		FAX
		EMAIL
(City) Kapolei	(State) HI	(Zip Code) 96707
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		<input checked="" type="checkbox"/> n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		<input checked="" type="checkbox"/> n/a

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

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY		
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART IV LOBBYIST CERTIFICATION	
<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p><u><i>Jennifer Hudson</i></u> LOBBYIST SIGNATURE</p> <p><u>1-8-18</u> DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>8</u> day of <u>January</u>, <u>2018</u>.</p> <p>By: <u><i>Karma Joy McDowell</i></u> <small>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</small></p> <p>My commission expires <u>June 12, 2021</u></p> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p style="text-align: center;">OFFICIAL STAMP</p> <p style="text-align: center;">KARMA JOY MCDOWELL NOTARY PUBLIC-OREGON COMMISSION NO. 963032 MY COMMISSION EXPIRES JUNE 12, 2021</p> </div>

PART V AUTHORIZATION TO LOBBY		
NAME Jennifer Hudson	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Assistant General Counsel	
NAME OF ORGANIZATION (if applicable) Schnitzer Steet Hawaii Corp		TELEPHONE 503-708-9714
MAILING ADDRESS (No. and Street or P.O. Box) 91-056 Hanua Street		FAX
(City) Honolulu	(State) HI	EMAIL jhudson@schn.com
		(Zip Code) 96707
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>		
<u><i>Jennifer Hudson</i></u> (Signature of Authorizing Officer or Person Represented)		<u>1-8-18</u> (Date)



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REGISTRATION



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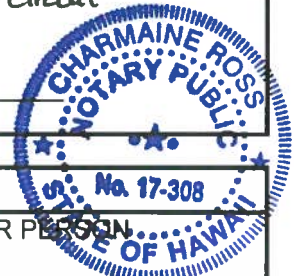
PART I LOBBYIST		
NAME (Last) (First) (Middle) Iosua, Michael L.		TELEPHONE 521-9500
MAILING ADDRESS (No. and Street or P.O Box) 745 Fort Street Mall, 17th Floor		FAX 541-9050
(City) Honolulu	(State) HI	EMAIL miosua@imanaka-asato.com
		(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are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

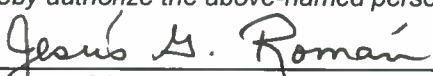
PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Verizon Communications		TELEPHONE 949-286-7202
MAILING ADDRESS (No. and Street or P.O Box) HQ Public Policy, Law and Security Department 15505 Sand Canyon Avenue		FAX
(City) Irvine	(State) CA	EMAIL jesus.g.roman@verizon.com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

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

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY		
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART IV LOBBYIST CERTIFICATION	
<i>I hereby certify that the foregoing statements are true and correct.</i>  _____ LOBBYIST SIGNATURE January 16, 2018 _____ DATE	Subscribed and sworn to before me This <u>16th</u> day of <u>January</u> , <u>2018</u> By: <u>Charmaine Ross</u>  Charmaine Ross NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS <u>Registration, 2pgs, 1st Circuit</u> My commission expires: July 25, 2021



PART V AUTHORIZATION TO LOBBY		
NAME Jesús G. Román	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Assistant General Counsel-Pacific & North Central Market	
NAME OF ORGANIZATION (if applicable) Verizon Communications	TELEPHONE 949-286-7202	
MAILING ADDRESS (No. and Street or P.O. Box) HQ Public Policy, Law and Security Department 15505 Sand Canyon Avenue	FAX	EMAIL jesus.g.roman@verizon.com
(City) Irvine	(State) CA	(Zip Code) 92618
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>  _____ (Signature of Authorizing Officer or Person Represented)		
		<u>1/8/18</u> _____ (Date)



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REGISTRATION
 Lobbyist Registration
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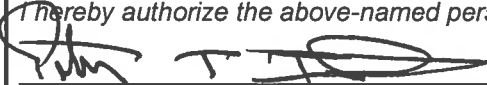
PART I LOBBYIST		
NAME (Last) (First) (Middle) Iriarte, Peter T.		TELEPHONE 808-841-0491
MAILING ADDRESS (No. and Street or P.O Box) 2251 North School Street		FAX 808-847-4782
(City) Honolulu	(State) Hawaii	EMAIL masonplaster@hotmail.com
		(Zip Code) 96819
LOBBYIST FIRM/EMPLOYER (Fill in only if you 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 LOBBY FOR (Do not abbreviate) Masons' Union, Local 630		TELEPHONE 808-841-0491
MAILING ADDRESS (No. and Street or P.O Box) 2251 North School Street		FAX 808-847-4782
(City) Honolulu	(State) Hawaii	EMAIL masonplaster@hotmail.com
		(Zip Code) 96819
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS) 980		<input type="checkbox"/> n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS Financial Sec.-Treas./Business Manager is elected to represent members and lead union.		<input type="checkbox"/> n/a

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

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY		
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): <u>Construction Industry-related legislation/concerns.</u>		

PART IV LOBBYIST CERTIFICATION	
<p>I hereby certify that the foregoing statements are true and correct.</p> <p> LOBBYIST SIGNATURE</p> <p><u>1/9/18</u> DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>9th</u> day of <u>January</u>, 2018</p> <p>By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: TERRI LYNN K. K. TANAKA Notary Public, First Judicial Circuit State of Hawaii</p> <p>My Commission Expires: January 29, 2018</p>

PART V AUTHORIZATION TO LOBBY		
NAME Peter T. Iriarte	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Financial Secretary-Treasurer/Business Manager	
NAME OF ORGANIZATION (if applicable) Masons' Union, Local 630	TELEPHONE 808-841-0491	
MAILING ADDRESS (No. and Street or P.O. Box) 2251 North School Street	FAX 808-847-4782	
(City) Honolulu	(State) Hawaii	EMAIL masonplaster@hotmail.com (Zip Code) 96819
<p>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</p> <p> (Signature of Authorizing Officer or Person Represented)</p> <p><u>1/9/18</u> (Date)</p>		

Document Date: 01/09/2018 # Pages: 3

Notary Name: TERRI LYNN K.K. TANAKA First Circuit

Doc. Description: Registration

Terry Lynn K.K. Tanaka 1/9/2018
Notary Signature Date

G



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REGISTRATION

Lobbyist Registration
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Kaakua, Laura Hokunani Edmunds		TELEPHONE 8085248562
MAILING ADDRESS (No. and Street or P.O Box) The Trust for Public Land, 1003 Bishop Street, Suite 740		FAX 8085248565
(City) Honolulu	(State) Hawaii	EMAIL laura.kaakua@tpl.org
		(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 P.O Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) The Trust for Public Land		TELEPHONE 8085248562
MAILING ADDRESS (No. and Street or P.O Box) 1003 Bishop Street, Suite 740		FAX 8085248565
(City) Honolulu	(State) Hawaii	EMAIL laura.kaakua@tpl.org
		(Zip Code) 96813
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		<input checked="" type="checkbox"/> n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		<input checked="" type="checkbox"/> n/a

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

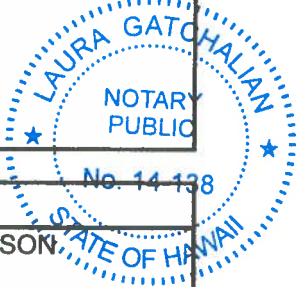
PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____

Other (indicate below): Clean Water and Natural Lands Fund projects

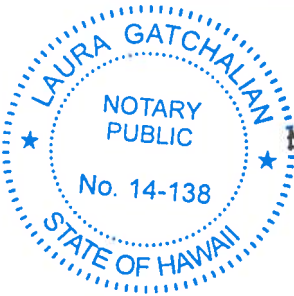
PART IV LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p><u>[Signature]</u> LOBBYIST SIGNATURE</p> <p><u>1/11/18</u> DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>11</u> day of <u>JANUARY</u>, <u>2018</u></p> <p>By <u>[Signature]</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS Laura Gatchalian My commission expires: <u>MAY 4, 2018</u></p>
--	---



PART V AUTHORIZATION TO LOBBY

NAME Lea Hong	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Director, Hawaiian Islands Program
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
(City) Honolulu	(State) Hawaii
	EMAIL lea.hong@tpl.org (Zip Code) 96813
<p><i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i></p> <p><u>[Signature]</u> <u>Jan 3, 2018</u> (Signature of Authorizing Officer or Person Represented) (Date)</p>	

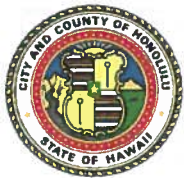


Rev. 12/2017

NOTE: This is a public document.

Document Date: 1/11/2018 # Pages: 2
 Notary Name: Laura Gatchalian First Circuit
 Doc. Description: REGISTRATION

[Signature] 1/11/2018
 Notary Signature Date



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

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REGISTRATION

Lobbyist Registration
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'18 JAN -3 P2:03

PART I LOBBYIST		
NAME (Last) (First) (Middle) <i>Kahale Melvin Yoon Choy</i>		TELEPHONE <i>381 4658</i>
MAILING ADDRESS (No. and Street or P.O Box) <i>94-497 Ukee St.</i>		FAX <i>671 6901</i>
(City) <i>Wai pahu</i>		EMAIL <i>lwmel@yahoo.com</i>
(State) <i>HI</i>	(Zip Code) <i>96797</i>	
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) <i>Iron workers stab fund</i>		TELEPHONE <i>381 4658</i>
MAILING ADDRESS (No. and Street or P.O Box) <i>94-497 Ukee St.</i>		FAX <i>671 6901</i>
(City) <i>Wai pahu</i>		EMAIL <i>lwmel@yahoo.com</i>
(State) <i>HI</i>	(Zip Code) <i>96797</i>	

PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) <i>Iron workers stab fund</i>		TELEPHONE <i>same</i>
MAILING ADDRESS (No. and Street or P.O Box) <i>same as above</i>		FAX
(City)		EMAIL
(State)	(Zip Code)	
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		<input type="checkbox"/> n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		<input type="checkbox"/> n/a

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


PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

<input checked="" type="checkbox"/> Business & Economic Development	<input checked="" type="checkbox"/> Community Services	<input checked="" type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input checked="" type="checkbox"/> Parks & Recreation	<input checked="" type="checkbox"/> Public Health, Safety & Welfare	<input checked="" type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p></p> <p>LOBBYIST SIGNATURE</p> <p>1.2.18</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>2nd</u> day of <u>January</u>, 20<u>10</u>.</p> <p>By: </p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires:</p> <p><u>09/02/20</u> See attached Notary Form</p>
--	---

PART V AUTHORIZATION TO LOBBY

NAME <u>Arnold Wong</u>	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED <u>Head Lobbyist #0 01/31/18</u>
NAME OF ORGANIZATION (if applicable) <u>Ironworkers Stabilization Fund</u>	
NAME OF ORGANIZATION (if applicable)	TELEPHONE
MAILING ADDRESS (No. and Street or P.O. Box)	FAX
<u>94-497 Ukee St</u>	EMAIL
(City) <u>Waikehu</u>	(State) <u>HI</u>
	(Zip Code) <u>96797</u>
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.	
	<u>1/3/18</u>
(Signature of Authorizing Officer or Person Represented)	(Date)

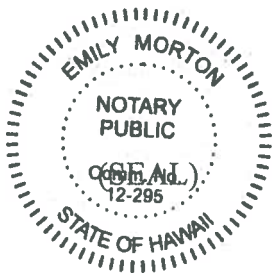
STATE OF HAWAII

}
} SS.
}

COUNTY OF HONOLULU

On this 2nd day of January, 2018, before me personally appeared MELVIN YC KATHELE, to me known to be the person described in and who executed the foregoing instrument and acknowledgment that he executed the same as his free act and deed.

Witness my hand and seal.



Emily Morton
EMILY MORTON

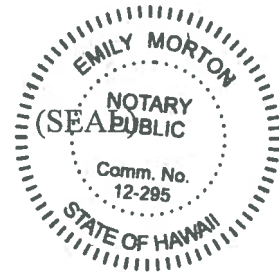
My Commission expires: 09/02/2020

Doc Date: 1/2/18 No. Pages: 2

Notary Name: EMILY MORTON 1st Circuit

Doc Description: REGISTRATION: Lobbyist
REGISTRATION

Emily Morton
Emily Morton Date 01/02/18





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

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REGISTRATION



Lobbyist Registration
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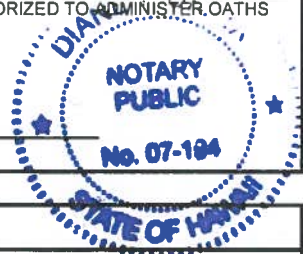
PART I LOBBYIST		
NAME (Last) (First) (Middle) KAI, GARY K.		TELEPHONE 808-532-2244
MAILING ADDRESS (No. and Street or P.O Box) 1003 BISHOP STREET, SUITE 2630		FAX
(City) HONOLULU (State) HI		EMAIL HIBR@AOL.COM
(City) HONOLULU (State) HI		(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) HAWAII BUSINESS ROUNDTABLE		TELEPHONE 808-532-2244
MAILING ADDRESS (No. and Street or P.O Box) 1003 BISHOP STREET, SUITE 2630		FAX
(City) HONOLULU (State) HI		EMAIL HIBR@AOL.COM
(City) HONOLULU (State) HI		(Zip Code) 96813

PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) HAWAII BUSINESS ROUNDTABLE ✓		TELEPHONE 808-532-2244
MAILING ADDRESS (No. and Street or P.O Box) 1003 BISHOP STREET, SUITE 2630		FAX
(City) HONOLULU (State) HI		EMAIL HIBR@AOL.COM
(City) HONOLULU (State) HI		(Zip Code) 96813
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		<input type="checkbox"/> n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS VOTE		<input type="checkbox"/> n/a

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

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY		
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input checked="" type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART IV LOBBYIST CERTIFICATION	
<i>I hereby certify that the foregoing statements are true and correct.</i>  _____ LOBBYIST SIGNATURE  _____ DATE	Subscribed and sworn to before me This <u>9th</u> day of <u>January</u> , <u>2018</u> By: <u>Diane T. Ohata Diane T. Ohata</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>5/6/2019</u>



PART V AUTHORIZATION TO LOBBY		
NAME RICHARD WACKER	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED CHAIRMAN	
NAME OF ORGANIZATION (if applicable) HAWAII BUSINESS ROUNDTABLE	TELEPHONE 808-532-2244	
MAILING ADDRESS (No. and Street or P.O. Box) 1003 BISHOP STREET, SUITE 2630	FAX	EMAIL
(City) HONOLULU	(State) HI	(Zip Code) 96813
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>		
_____ (Signature of Authorizing Officer or Person Represented)		_____ (Date)

NOTE: This is a public document.



Doc. Date: 4/9/18 # Pages: 2
 Name: Diane T. Ohata 1st Circuit
 Doc. Description: Registration
 Notary Signature: Diane T. Ohata 4/9/18
 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/>

HONOLULU
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REGISTRATION

Lobbyist Registration
 (Type or Print Clearly)

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

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

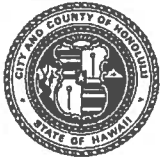
PART II.B NO LONGER LOBBYING	
<input type="checkbox"/> I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY		
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART IV LOBBYIST CERTIFICATION	
<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p><u>Beverly J. Patac</u> LOBBYIST SIGNATURE</p> <p><u>JAN - 5 2018</u> DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>5th</u> day of January, 2018</p> <p>By: <u>Kyoko Patoc</u> KYOKO PATOC, State of Hawaii NOTARY OF ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS No. 96-313</p> <p>My commission expires: <u>June 14, 2020</u></p>

PART V AUTHORIZATION TO LOBBY		
NAME HARRY A. SAUNDERS	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED PRESIDENT	
NAME OF ORGANIZATION (if applicable) CASTLE & COOKE, INC.	TELEPHONE (808) 548-4811	
MAILING ADDRESS (No. and Street or P.O. Box) 680 IWILEI ROAD, SUITE 510	FAX (808) 548-2975	
	EMAIL hsaunders@castlecooke.com	
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817
<p><i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i></p> <p><u>[Signature]</u> <u>JAN - 5 2018</u> (Signature of Authorizing Officer or Person Represented) (Date)</p>		

NOTARY CERTIFICATION
 Kyoko Patoc, First Judicial Circuit
 Doc. Description: 1/5/18
 Doc. Date: 1/5/18 # Pages: 2
[Signature]
 Notary Signature Date



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/>

HONOLULU ETHICS COMMISSION
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REGISTRATION

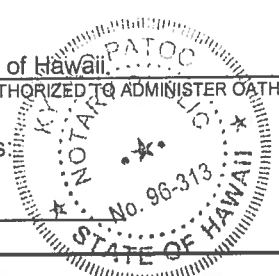
Lobbyist Registration
 (Type or Print Clearly)

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

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

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

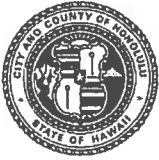
PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY		
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART IV LOBBYIST CERTIFICATION	
<p>I hereby certify that the foregoing statements are true and correct.</p> <p><u>Beverly J. Patoc</u> LOBBYIST SIGNATURE</p> <p><u>JAN - 5 2018</u> DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>5th</u> day of January, 2018.</p> <p>By: <u>Kyoko Patoc</u> KYOKO PATOC, State of Hawaii NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>June 14, 2020</u></p> 

PART V AUTHORIZATION TO LOBBY		
NAME HARRY A. SAUNDERS	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED PRESIDENT	
NAME OF ORGANIZATION (if applicable) CASTLE & COOKE HOMES HAWAII, INC.	TELEPHONE (808) 548-4811	
MAILING ADDRESS (No. and Street or P.O. Box) 680 IWILEI ROAD, SUITE 510	FAX (808) 548-2975	EMAIL hsaunders@castlecooke.com
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.		
<u>[Signature]</u> (Signature of Authorizing Officer or Person Represented)		<u>JAN - 5 2018</u> (Date)

NOTARY CERTIFICATION

Kyoko Patoc, First Judicial Circuit
 Doc. Description: Registration
 Doc. Date: 01/05/18 # Pages: 2
[Signature]
 Notary Signature Date: 1/5/18



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/>

HONOLULU ETHICS COMMISSION
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REGISTRATION

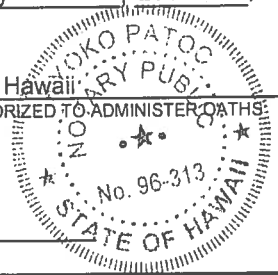
Lobbyist Registration
 (Type or Print Clearly)

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

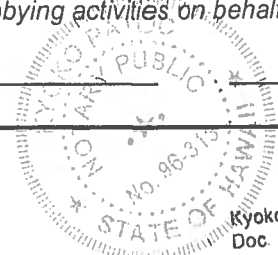
PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) CASTLE & COOKE PROPERTIES, INC.		TELEPHONE (808) 548-4811
MAILING ADDRESS (No. and Street or P.O Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817
NUMBER OF MEMBERS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

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

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY		
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART IV LOBBYIST CERTIFICATION	
<p>I hereby certify that the foregoing statements are true and correct.</p> <p><u>Beverly J. Plaku</u> LOBBYIST SIGNATURE</p> <p>JAN - 5 2018 DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>5th</u> day of January, 2018</p> <p>By: <u>[Signature]</u> KYOKO PATOC, State of Hawaii NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: June 14, 2020</p> 

PART V AUTHORIZATION TO LOBBY		
NAME HARRY A. SAUNDERS	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED PRESIDENT	
NAME OF ORGANIZATION (if applicable) CASTLE & COOKE PROPERTIES, INC.	TELEPHONE (808) 548-4811	
MAILING ADDRESS (No. and Street or P.O. Box) 680 IWILEI ROAD, SUITE 510	FAX (808) 548-2975	
	EMAIL hsaunders@castlecooke.com	
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817
<p>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</p> <p><u>[Signature]</u> (Signature of Authorizing Officer or Person Represented)</p>		<p>JAN - 5 2018 (Date)</p>



NOTARY CERTIFICATION
 Kyoko Patoc, First Judicial Circuit
 Doc. Description: Legislation
 Doc. Date: 1/5/18 # Pages: 2
[Signature]
 Notary Signature Date: 1/5/18



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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REGISTRATION

Lobbyist Registration
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) KELLY / STEPHEN H. /		TELEPHONE (808) 674-3289
MAILING ADDRESS (No. and Street or P.O Box) 1001 Kamokila Boulevard, Suite 250		FAX
		EMAIL stevek@kapolei.com
(City) Kapolei	(State) Hawaii	(Zip Code) 96707
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) AINA NUI CORPORATION/JAMES CAMPBELL CORPORATION		TELEPHONE (808) 674-6674
MAILING ADDRESS (No. and Street or P.O Box) 1001 Kamokila Boulevard, Suite 250		FAX
		EMAIL stevek@kapolei.com
(City) Kapolei	(State) Hawaii	(Zip Code) 96707


PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) JAMES CAMPBELL CORPORATION /		TELEPHONE (808) 674-6674
MAILING ADDRESS (No. and Street or P.O Box) 1001 Kamokila Boulevard, Suite 250		FAX
		EMAIL
(City) Kapolei	(State) Hawaii	(Zip Code) 96707
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		<input checked="" type="checkbox"/> n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		<input checked="" type="checkbox"/> n/a

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

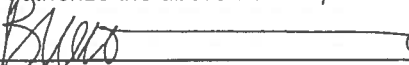
PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input checked="" type="checkbox"/> Specific Legislation: Bill No. 58 & 59 (Year) 2017 Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

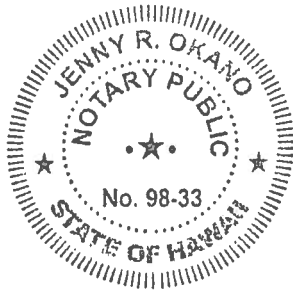
<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p style="text-align: center;"></p> <p>_____ LOBBYIST SIGNATURE</p> <p style="text-align: center;">1/8/18</p> <p>_____ DATE</p>	<p>Subscribed and sworn to before me</p> <p>This ____ day of _____, _____.</p> <p>By: _____</p> <p style="text-align: center;"><i>See attached</i></p> <p>_____ NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: _____</p> <p>_____</p>
---	--

PART V AUTHORIZATION TO LOBBY

NAME Bradford J. Myers		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Vice President
NAME OF ORGANIZATION (if applicable) JAMES CAMPBELL CORPORATION		TELEPHONE (808) 674-6674
MAILING ADDRESS (No. and Street or P.O. Box) 1001 Kamokila Boulevard, Suite 250		FAX
(City) Kapolei	(State) Hawaii	EMAIL bradm@kapolei.com
		(Zip Code) 96707
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.		
 _____ (Signature of Authorizing Officer or Person Represented)		1-8-18 _____ (Date)

STATE OF HAWAII)
) SS.
CITY AND COUNTY OF HONOLULU)

On this 8th day of January, 2018, before me personally appeared Stephen H. Kelly, to me personally known, who, being by me duly sworn or affirmed, did say that such person executed the foregoing instrument as the free act and deed of such person, and if applicable in the capacity shown, having been duly authorized to execute such instrument in such capacity.



Jenny R. Okano
Name: Jenny R. Okano

Notary Public, State of Hawaii

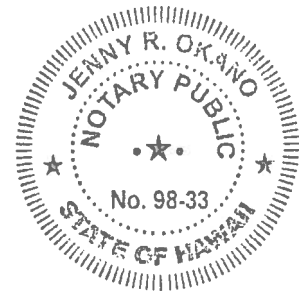
My commission expires: 1/20/2018

Document Date: 1/8/2018
Jenny R. Okano

No. of Pages: 3
First Circuit

Document Description: Honolulu Ethics Commission -
Registration (Lobbyist Registration)

Jenny R. Okano 1/8/2018
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/>

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REGISTRATION


Lobbyist Registration
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Kendrick, Stephanie Lee		TELEPHONE (808) 356-2217
MAILING ADDRESS (No. and Street or P.O Box) 2700 Waialae Ave.		FAX
		EMAIL skendrick@hawaiianhumane.org
(City) Honolulu	(State) HI	(Zip Code) 96826
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 LOBBY FOR (Do not abbreviate) Hawaiian Humane Society		TELEPHONE (808) 356-2232
MAILING ADDRESS (No. and Street or P.O Box) 2700 Waialae Ave.		FAX
		EMAIL wkim@hawaiianhumane.org
(City) Honolulu	(State) HI	(Zip Code) 96826
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		<input checked="" type="checkbox"/> n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		<input checked="" type="checkbox"/> n/a

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

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY		
<input type="checkbox"/> Business & Economic Development	<input checked="" type="checkbox"/> Community Services	<input checked="" type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input checked="" type="checkbox"/> Parks & Recreation	<input checked="" type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): <i>Animal welfare & animal services</i>		

PART IV LOBBYIST CERTIFICATION	
<i>I hereby certify that the foregoing statements are true and correct.</i>  LOBBYIST SIGNATURE 12/26/17 DATE	Subscribed and sworn to before me This <u>26th</u> day of <u>December</u> , <u>2017</u> . By: <u>Dawn E. Kim</u> <small>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</small> <u>Dawn E. Kim</u> My commission expires: <u>July 25, 2021</u>

PART V AUTHORIZATION TO LOBBY		
NAME Lisa Fowler	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President & CEO	
NAME OF ORGANIZATION (if applicable) Hawaiian Humane Society	TELEPHONE (808) 356-2232	
MAILING ADDRESS (No. and Street or P.O Box) 2700 Waialae Ave.	FAX	
(City) Honolulu	(State) HI	EMAIL wkim@hawaiianhumane.org
		(Zip Code) 96826
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i> _____ 12/26/17 _____ (Signature of Authorizing Officer or Person Represented) (Date)		

NOTARY PUBLIC CERTIFICATION
 Dawn E. Kim First Judicial Circuit
 Doc. Description: Lobbyist Registration



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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REGISTRATION

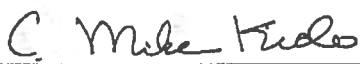

Lobbyist Registration
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Kido C. Mike		TELEPHONE (808) 539-0400
MAILING ADDRESS (No. and Street or P.O Box) 999 Bishop Street, Suite 1400		FAX (808) 533-4945
		EMAIL cmkido@awlaw.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) SanHi Government Strategies, A Limited Liability Law Partnership		TELEPHONE (808) 539-0400
MAILING ADDRESS (No. and Street or P.O Box) 999 Bishop Street, Suite 1400		FAX (808) 533-4945
		EMAIL cmkido@awlaw.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96813

PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Wyndham Vacation Ownership /		TELEPHONE (407) 626-5848
MAILING ADDRESS (No. and Street or P.O Box) 6277 Sea Harbor Drive		FAX
		EMAIL
(City) Orlando	(State) Florida	(Zip Code) 32821
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		<input checked="" type="checkbox"/> n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		<input checked="" type="checkbox"/> n/a

PART II.B NO LONGER LOBBYING	
<input checked="" type="checkbox"/> 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		
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input checked="" type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART IV LOBBYIST CERTIFICATION	
<i>I hereby certify that the foregoing statements are true and correct.</i>  _____ LOBBYIST SIGNATURE _____ DATE JAN 09 2018	Subscribed and sworn to before me This <u>9th</u> day of <u>January</u> , 2018.  _____ NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>March 24, 2020</u>

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>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>		
_____ (Signature of Authorizing Officer or Person Represented)		_____ (Date)



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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REGISTRATION

Lobbyist Registration
(Type or Print Clearly)

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PART I LOBBYIST

NAME (Last) (First) (Middle) <i>Kimura, Joy Y. N.</i>		TELEPHONE <i>(808) 845-3238</i>
MAILING ADDRESS (No. and Street or P.O. Box) <i>650 Iwilei Road, Suite 205</i>		FAX <i>(808) 845-8300</i>
(City) <i>Honolulu</i>	(State) <i>HI</i>	EMAIL <i>jkimura@hawaiilect.org</i>
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		(Zip Code) <i>96817</i>
MAILING ADDRESS (No. and Street or P.O. Box)		TELEPHONE
(City)	(State)	FAX
		EMAIL
		(Zip Code)

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) <i>Hawaii Laborers-Employees Cooperation and Education Trust</i>		TELEPHONE <i>(808) 845-3238</i>
MAILING ADDRESS (No. and Street or P.O. Box) <i>650 Iwilei Road, Suite 205</i>		FAX <i>(808) 845-8300</i>
(City) <i>Honolulu</i>	(State) <i>HI</i>	EMAIL <i>info@hawaiilect.org</i>
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS) <i>5000</i>		(Zip Code) <i>96817</i>
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS <i>Information provided to members at membership meetings</i>		<input type="checkbox"/> n/a


PART II.B NO LONGER LOBBYING

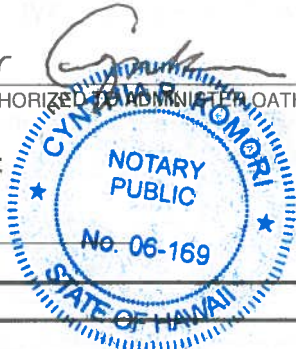
<input type="checkbox"/> I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE
--	------

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

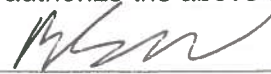
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input checked="" type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): Construction industry related		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 1-9-18 DATE	Subscribed and sworn to before me This <u>9th</u> day of <u>January</u> , 2018. By: <u>CYNTHIA R. KOMORI</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>3/19/2018</u>
---	---



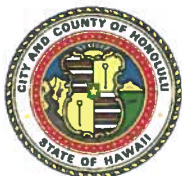
PART V AUTHORIZATION TO LOBBY

NAME <u>Brian Lee</u>		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED <u>Director</u>	
NAME OF ORGANIZATION (if applicable) <u>Hawaii Laborers-Employers Cooperation and Education Trust</u>		TELEPHONE <u>(808) 845-3238</u>	
MAILING ADDRESS (No. and Street or P.O. Box) <u>650 Iwikei Road, Suite 285</u>		FAX <u>(808) 845-8300</u>	EMAIL <u>info@hawaiilect.org</u>
(City) <u>Honolulu</u>	(State) <u>HI</u>	(Zip Code) <u>96817</u>	
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.  (Signature of Authorizing Officer or Person Represented)			
		<u>1/2/18</u> (Date)	

Doc. Date: 1/9/18 # Pages 2

Notary Name: Cynthia R. Komori First Circuit

Doc. Description: Honolulu Ethics Commission Registration for Joy Y.-N. Kimura
Kimura 1/9/18
 Date



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

TEL: (808) 768-9242 FAX: (808) 768-7768
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Lobbyist Registration
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'18 JAN 10 P1:08

PART I LOBBYIST

NAME (Last) (First) (Middle) KOBAYASHI RYAN K		TELEPHONE 841-5877
MAILING ADDRESS (No. and Street or P.O Box) 1617 Palama St		FAX 847-7829
(City) Honolulu	(State) HI	EMAIL rkobayashi@local368.org
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) Hawaii Laborers' Union Local 368		(Zip Code) 96817
MAILING ADDRESS (No. and Street or P.O Box) 1617 Palama St		TELEPHONE 841-5877
(City) Honolulu	(State) Hawaii	FAX Same
		EMAIL Same
		(Zip Code) 96817

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Laborers' Union Local 368 368		TELEPHONE 841-5877
MAILING ADDRESS (No. and Street or P.O Box) 1617 Palama St		FAX 847-7829
(City) Honolulu	(State) HI	EMAIL rkobayashi@local368.org
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS) 5000		(Zip Code) 96817
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS Internal consultation		<input type="checkbox"/> n/a
		<input type="checkbox"/> n/a

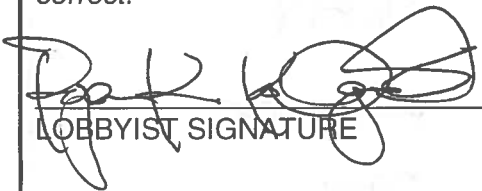
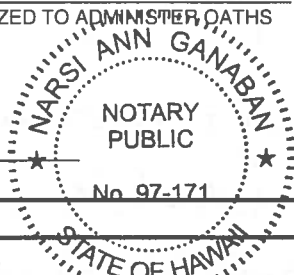
PART II.B NO LONGER LOBBYING

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


PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

<input checked="" type="checkbox"/> Business & Economic Development	<input checked="" type="checkbox"/> Community Services	<input checked="" type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input checked="" type="checkbox"/> Parks & Recreation	<input checked="" type="checkbox"/> Public Health, Safety & Welfare	<input checked="" type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p> LOBBYIST SIGNATURE</p> <p>12-27-2017 DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>27th</u> day of <u>DECEMBER</u>, 2017.</p> <p>By: <u>NARSI ANN GANABAN</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>4-10-2021</u></p> <div style="text-align: center;">  </div>
---	---

PART V AUTHORIZATION TO LOBBY

NAME <u>LABORERS' UNION LOCAL 368</u>	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED <u>BUSINESS MANAGER / SECRETARY</u>	
NAME OF ORGANIZATION (if applicable) <u>1617 PALAMA STREET</u>		TELEPHONE <u>808-841-5877</u>
MAILING ADDRESS (No. and Street or P.O. Box) <u>HONOLULU, HI 96817</u>		FAX <u>808-847-7829</u>
(City)	(State)	EMAIL <u>PGANABAN@LOCAL368.ORG</u>
		(Zip Code)
<p><i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i></p> <p> (Signature of Authorizing Officer or Person Represented)</p>		
		Doc. Date: <u>12-27-2017</u> (Date) # Pages <u>2</u>

Notary Name: Narsi Ann Ganaban First Circuit
 Doc. Description LOBBYIST REGISTRATION



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

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

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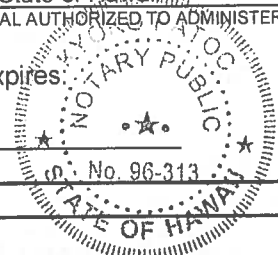
PART I LOBBYIST		
NAME (Last) (First) (Middle) KODÁMA, LAÚRA M.		TELEPHONE (808) 548-4811
MAILING ADDRESS (No. and Street or P.O Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business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


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

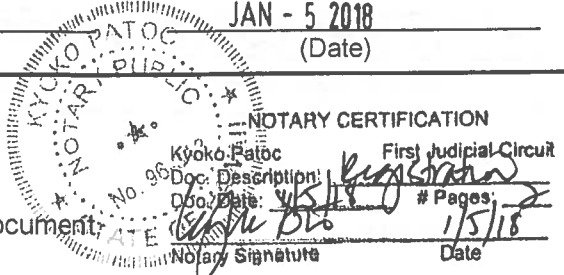
PART II.B NO LONGER LOBBYING	
<input type="checkbox"/> I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE

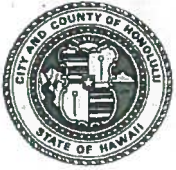
PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY		
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART IV LOBBYIST CERTIFICATION	
<i>I hereby certify that the foregoing statements are true and correct.</i>  LOBBYIST SIGNATURE _____ DATE <u>JAN - 5 2018</u>	Subscribed and sworn to before me This <u>5th</u> day of January, 2018. By:  KYOKO PATOC, State of Hawaii, NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires <u>June 14, 2020</u>



PART V AUTHORIZATION TO LOBBY		
NAME HARRY A. SAUNDERS	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED PRESIDENT	
NAME OF ORGANIZATION (if applicable) CASTLE & COOKE HOMES HAWAII, INC.	TELEPHONE (808) 548-4811	
MAILING ADDRESS (No. and Street or P.O Box) 680 IWILEI ROAD, SUITE 510	FAX (808) 548-2975	
	EMAIL hsaunders@castlecooke.com	
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>  (Signature of Authorizing Officer or Person Represented)		
		<u>JAN - 5 2018</u> (Date)





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

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Website: <http://www.honolulu.gov/ethics/>

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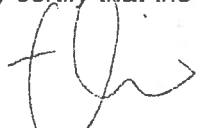
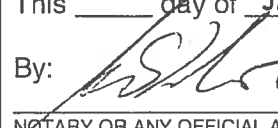
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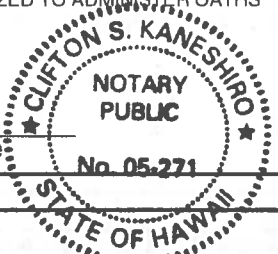
PART I LOBBYIST	
NAME (Last) (First) (Middle) La Chica, Mae Patricia Quema	TELEPHONE 591-6508
MAILING ADDRESS (No. and Street or P.O Box) 850 Richards St. Suite 201	FAX
(City) Honolulu (State) HI	EMAIL trish@hiphi.org
(Zip Code) 96813	
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)	TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)	FAX
(City) Honolulu (State) HI	EMAIL
(Zip Code)	

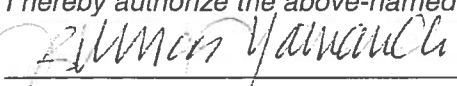
PART II.A ORGANIZATION	
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Public Health Institute	TELEPHONE 591-6508
MAILING ADDRESS (No. and Street or P.O Box) 850 Richards St. Suite 201	FAX
(City) Honolulu (State) HI	EMAIL
(Zip Code) 96813	
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS) 2,000 non-paying members	<input type="checkbox"/> n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS Policy priorities voted on by Board of Directors, policy issues determined by Policy Workgroup members.	<input type="checkbox"/> n/a

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

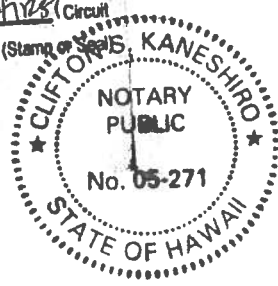
PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY		
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input checked="" type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): <u>Health</u>		

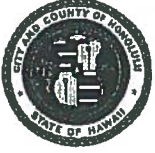
PART IV LOBBYIST CERTIFICATION	
<i>I hereby certify that the foregoing statements are true and correct.</i>  _____ LOBBYIST SIGNATURE 1/9/18 _____ DATE	Subscribed and sworn to before me This _____ day of <u>JAN 09 2018</u> , _____ By:  Clifton S. Kaneshiro _____ NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: My Commission Expires: <u>May 8, 2021</u> See attached Notary Certificate



PART V AUTHORIZATION TO LOBBY		
NAME <u>Jessica Yamauchi</u>	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED <u>Executive Director</u>	
NAME OF ORGANIZATION (if applicable) <u>Hawaii Public Health Institute</u>	TELEPHONE <u>(808) 591-6508</u>	
MAILING ADDRESS (No. and Street or P.O. Box) <u>850 Richards St., Suite 201</u>	FAX _____	
	EMAIL <u>jessica@hiphi.org</u>	
(City) <u>Honolulu</u>	(State) <u>HI</u>	(Zip Code) <u>96813</u>
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>  _____ (Signature of Authorizing Officer or Person Represented) _____ (Date)		

Doc. Date: JAN 09 2018 # Pages: 2
Notary Name: Clifton S. Kaneshiro 1/25 (Circuit
Doc. Description: Registration (Stamp or Seal)
[Signature] 1/09/2018
Notary Signature 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) Larson, Betty Lou		TELEPHONE (808) 373-0356
MAILING ADDRESS (No. and Street or P.O Box) 1822 Keeaumoku Street		FAX (808) 527-4709
(City) Honolulu		EMAIL bettylou.larson@catholiccharities
(State) HI		(Zip Code) Hawaii, org 96822
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
(City)		EMAIL
(State)		(Zip Code)

PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Catholic Charities Hawaii		TELEPHONE (808) 524-4673
MAILING ADDRESS (No. and Street or P.O Box) 1822 Keeaumoku Street		FAX (808) 527-4709
(City) Honolulu		EMAIL www.catholiccharitieshawaii.org
(State) HI		(Zip Code) 96822
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		<input checked="" type="checkbox"/> n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		<input checked="" type="checkbox"/> n/a

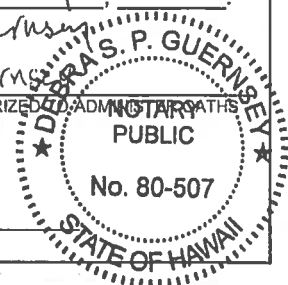
PART II.B NO LONGER LOBBYING	
<input type="checkbox"/> I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p style="text-align: center;"><u>Betty Lou Lan</u></p> <p>LOBBYIST SIGNATURE</p> <p style="text-align: center;">1/4/18</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>4th</u> day of <u>January</u>, 2018</p> <p>By: <u>Debra S.P. Guernsey</u></p> <p>Debra S.P. Guernsey</p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER THIS</p> <p>My commission expires: <u>3/6/2018</u></p>
--	---



PART V AUTHORIZATION TO LOBBY

NAME Terry Walsh	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President and CEO
NAME OF ORGANIZATION (if applicable) Catholic Charities Hawaii	TELEPHONE (808) 527-4878
MAILING ADDRESS (No. and Street or P.O Box) 1822 Keeaumoku Street	FAX (808) 527-4879
(City) Honolulu	(State) HI
	EMAIL terry.walsh@catholiccharitieshawaii.org
	(Zip Code) 96822
<p><i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i></p> <p style="text-align: center;"><u>Terry Walsh</u></p> <p>(Signature of Authorizing Officer or Person Represented)</p>	
	<p style="text-align: center;">1/5/18</p> <p>(Date)</p>



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

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'18 JAN -9 P2:57

PART I LOBBYIST		
NAME (Last) (First) (Middle) <i>Lee, Brian</i>		TELEPHONE <i>(808) 845-3238</i>
MAILING ADDRESS (No. and Street or P.O Box) <i>650 Iwilei Road, #285</i>		FAX <i>(808) 845-8300</i>
		EMAIL <i>brian@hawaiiiccot.org</i>
(City) <i>Honolulu</i>	(State) <i>HI</i>	(Zip Code) <i>96817</i>
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 LOBBY FOR (Do not abbreviate) <i>Hawaii Laborers-Employers Cooperation and Education Trust</i>		TELEPHONE <i>(808) 845-3238</i>
MAILING ADDRESS (No. and Street or P.O Box) <i>650 Iwilei Road, #285</i>		FAX <i>(808) 845-8300</i>
		EMAIL <i>info@hawaiiiccot.org</i>
(City) <i>Honolulu</i>	(State) <i>HI</i>	(Zip Code) <i>96817</i>
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS) <i>5000</i>		<input type="checkbox"/> n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS <i>Information provided to members at membership meetings</i>		<input type="checkbox"/> n/a

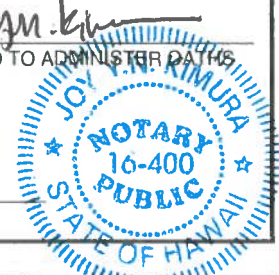
PART II.B NO LONGER LOBBYING	
<input type="checkbox"/> I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

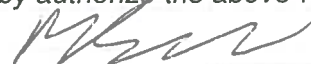
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input checked="" type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): construction industry related		

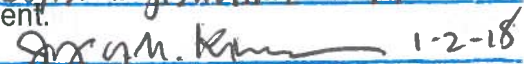
PART IV LOBBYIST CERTIFICATION

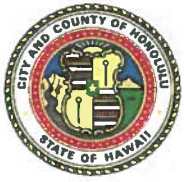
I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 1/2/18 DATE	Subscribed and sworn to before me This <u>2nd</u> day of <u>January</u> , 2018. By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: 11/30/2020
---	---



PART V AUTHORIZATION TO LOBBY

NAME <u>Brian Lee</u>		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED <u>Director</u>	
NAME OF ORGANIZATION (if applicable) <u>Hawaii Laborers-Employers Cooperation and Education Trust</u>		TELEPHONE <u>(808) 845-3238</u>	
MAILING ADDRESS (No. and Street or P.O. Box) <u>650 Iwilei Road, Suite 285</u>		FAX <u>(808) 845-8300</u>	EMAIL <u>info@hawaiilect.org</u>
(City) <u>Honolulu</u>	(State) <u>HI</u>	(Zip Code) <u>96817</u>	
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.  (Signature of Authorizing Officer or Person Represented)			
		<u>1/2/18</u> (Date)	

Doc. Date: 1-2-2018 # Pages: 2
 Notary Name: Joy Y.N. Kimura 1st Circuit
 Doc. Description: City and County of Honolulu
Lobbyist Registration Form

 Notary Signature 1-2-18 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/>

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 ETHICS COMMISSION
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REGISTRATION

Lobbyist Registration
 (Type or Print Clearly)

'18 JAN -9 P2:57

PART I LOBBYIST

NAME (Last) (First) (Middle) <i>Lee, Peter H.M.</i>		TELEPHONE <i>(808) 845-3238</i>
MAILING ADDRESS (No. and Street or P.O Box) <i>650 Iwilei Road, Suite 285</i>		FAX <i>(808) 845-8300</i>
(City) <i>Honolulu</i>		EMAIL <i>plee@hawaii.kcet.org</i>
(State) <i>HI</i>		(Zip Code) <i>96817</i>
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
(City)		EMAIL
(State)		(Zip Code)

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) <i>Hawaii Laborers - Employers Cooperation and Education Trust</i>		TELEPHONE <i>(808) 845-3238</i>
MAILING ADDRESS (No. and Street or P.O Box) <i>650 Iwilei Road, Suite 285</i>		FAX <i>(808) 845-8300</i>
(City) <i>Honolulu</i>		EMAIL <i>info@hawaii.kcet.org</i>
(State) <i>HI</i>		(Zip Code) <i>96817</i>
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS) <i>5000</i>		<input type="checkbox"/> n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS <i>Information provided to members at membership meetings</i>		<input type="checkbox"/> n/a


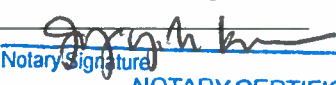
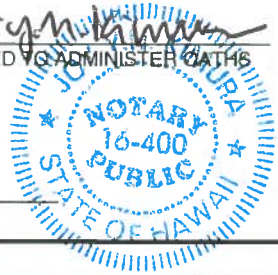
PART II.B NO LONGER LOBBYING

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


PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input checked="" type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): construction industry related		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE	Subscribed and sworn to before me This <u>2nd</u> day of <u>January</u> , <u>2018</u> . Doc. Date: <u>1-2-2018</u> # Pages: <u>2</u> Notary Name: <u>Joy Y.N. Kimura</u> 1st Circuit Doc. Description: <u>City & County of Honolulu Lobbyist Registration Form</u>
DATE <u>1/2/18</u> Notary Signature  NOTARY CERTIFICATION	My commission expires: <u>1/20/2020</u> 

PART V AUTHORIZATION TO LOBBY

NAME <u>Brian Lee</u>	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED <u>Director, Hawaii Laborers-Employers Cooperation and Education Trust</u>
NAME OF ORGANIZATION (if applicable) <u>Hawaii Laborers-Employers Cooperation and Education Trust</u>	TELEPHONE <u>(808) 845-3238</u>
MAILING ADDRESS (No. and Street or P.O. Box) <u>650 Iwilei Road, Suite 285</u>	FAX <u>(808) 845-8300</u>
(City) <u>Honolulu</u>	(State) <u>HI</u>
	EMAIL <u>info@hawaiilect.org</u>
	(Zip Code) <u>96817</u>
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.  (Signature of Authorizing Officer or Person Represented)	
	<u>1/2/2018</u> (Date)



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/>

HONOLULU ETHICS COMMISSION
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 2-15-18
 '18 FEB 15 P12:37

REGISTRATION


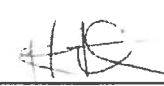
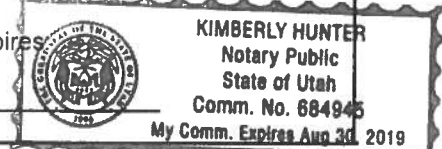
Lobbyist Registration
 (Type or Print Clearly)

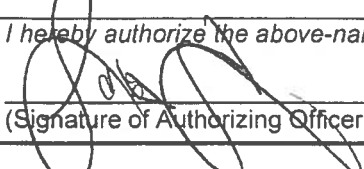
PART I LOBBYIST		
NAME (Last) (First) (Middle) Lincoln, Faye		TELEPHONE 801-325-0153
MAILING ADDRESS (No. and Street or P.O Box) 206 North 2100 West		FAX 801-596-9001
(City) Salt Lake City	(State) Utah	EMAIL faye.lincoln@avalonhealthcare.co (Zip Code) 84116
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) Avalon Health Care		TELEPHONE same
MAILING ADDRESS (No. and Street or P.O Box) same		FAX same
(City) same	(State) same	EMAIL same (Zip Code) same

PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Avalon Health Care, <i>Inc.</i>		TELEPHONE 801-596-8844
MAILING ADDRESS (No. and Street or P.O Box) 206 North 2100 West		FAX 801-596-9001
(City) Salt Lake City	(State) Utah	EMAIL (Zip Code) 84116
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		<input type="checkbox"/> n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		<input type="checkbox"/> n/a

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

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY		
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input checked="" type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART IV LOBBYIST CERTIFICATION	
<i>I hereby certify that the foregoing statements are true and correct.</i>  LOBBYIST SIGNATURE 2/15/2018 DATE	Subscribed and sworn to before me This <u>15th</u> day of <u>February</u> , 2018. By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires <u>8/30/19</u> 

PART V AUTHORIZATION TO LOBBY		
NAME Scott Carpenter	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Senior VP/Chief Legal Officer	
NAME OF ORGANIZATION (if applicable) Avalon Health Care	TELEPHONE 801-924-7854	
MAILING ADDRESS (No. and Street or P.O. Box) 206 North 2100 West	FAX 801-596-9001	
	EMAIL Scott.Carpenter@avalonhealthcar	
(City) Salt Lake City	(State) Utah	(Zip Code) 84116
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>		
 (Signature of Authorizing Officer or Person Represented)		2/15/18 (Date)



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

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18 JAN 26 P 6:36

REGISTRATION



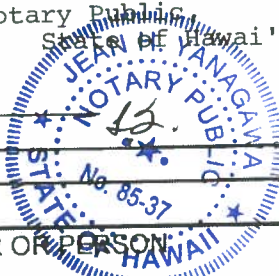
Lobbyist Registration
 (Type or Print Clearly)

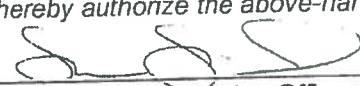
PART I LOBBYIST		
NAME (Last) (First) (Middle) Lopez, Kealii S.		TELEPHONE (808) 524-1800
MAILING ADDRESS (No. and Street or P.O Box) 1001 Bishop Street, Suite 1800		FAX (808) 524-4591
		EMAIL klopez@ahfi.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) Alston Hunt Floyd & Ing		TELEPHONE (808) 524-1800
MAILING ADDRESS (No. and Street or P.O Box) 1001 Bishop Street, Suite 1800		FAX (808) 524-4591
		EMAIL
(City) Honolulu	(State) Hawaii	(Zip Code) 96813

PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Western Plant Health Association		TELEPHONE (916) 574-9744
MAILING ADDRESS (No. and Street or P.O Box) 4460 Duckhorn Drive, Suite A		FAX
		EMAIL
(City) Sacramento	(State) California	(Zip Code) 95834
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS) 135 members		<input type="checkbox"/> n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS Based on recommendations of Western Plant Health Association management		<input type="checkbox"/> n/a

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

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY		
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input checked="" type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. <u>17-351</u> (Year) <u>2017</u> Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		


PART IV LOBBYIST CERTIFICATION	
<p>I hereby certify that the foregoing statements are true and correct.</p> <p></p> <p>LOBBYIST SIGNATURE</p> <p><u>1/25/2018</u></p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>25th</u> day of <u>January</u>, 2018.</p> <p>By: </p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>JEAN H. YANAGAWA, Notary Public</p> <p>My commission expires: <u>2/7/2021</u></p> <p>State of Hawaii</p> 

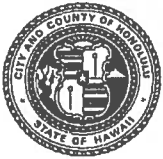
PART V AUTHORIZATION TO LOBBY		
NAME Renee Pinel	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President and CEO	
NAME OF ORGANIZATION (if applicable) Western Plant Health Association	TELEPHONE (916) 574-9744	FAX
MAILING ADDRESS (No. and Street or P.O. Box) 4460 Duckhorn Drive, Suite A	EMAIL reeneep@healthyplants.org	(Zip Code) 95834
(City) Sacramento	(State) California	
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.		
 (Signature of Authorizing Officer or Person Represented)		<u>1/25/18</u> (Date)

Rev. 12/2017

NOTE: This is a public document.



Doc. Date: JAN 25 2018 # Pages: 2
 Jean H. Yanagawa First Circuit
 Doc. Description: Ho Nohulu
Ethics Commission Registration
Lobbyist Registration
 JAN 25 2018
 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/>

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 ETHICS COMMISSION
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 '18 JAN -9 P3:02

REGISTRATION


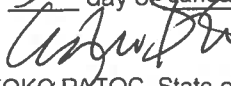
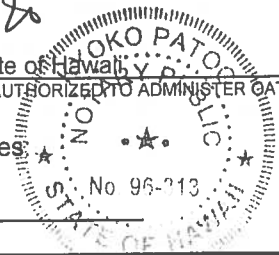
Lobbyist Registration
 (Type or Print Clearly)

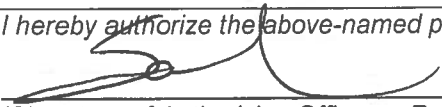
PART I LOBBYIST		
NAME (Last) (First) (Middle) LOVVORN, CHRISTOPHER M.		TELEPHONE (808) 548-4811
MAILING ADDRESS (No. and Street or P.O Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed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

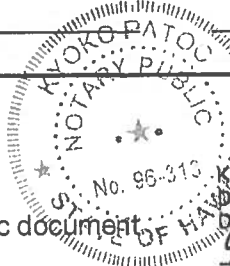
PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) CASTLE & COOKE PROPERTIES, INC.		TELEPHONE (808) 548-4811
MAILING ADDRESS (No. and Street or P.O Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817
NUMBER OF MEMBERS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

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

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY		
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART IV LOBBYIST CERTIFICATION	
<i>I hereby certify that the foregoing statements are true and correct.</i>  _____ LOBBYIST SIGNATURE JAN - 5 2018 _____ DATE	Subscribed and sworn to before me This <u>5th</u> day of January, 2018. By:  KYOKO PATOC, State of Hawaii NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires June 14, 2020 

PART V AUTHORIZATION TO LOBBY		
NAME HARRY A. SAUNDERS	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED PRESIDENT	
NAME OF ORGANIZATION (if applicable) CASTLE & COOKE PROPERTIES, INC.	TELEPHONE (808) 548-4811	
MAILING ADDRESS (No. and Street or P.O. Box) 680 IWILEI ROAD, SUITE 510	FAX (808) 548-2975	EMAIL hsaunders@castlecooke.com
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>  _____ (Signature of Authorizing Officer or Person Represented)		JAN - 5 2018 _____ (Date)


 NOTARY CERTIFICATION
 Kyoko Patoc, First Judicial Circuit
 Doc. Description: _____
 Doc. Date: 1/5/18 # Pages: 7

 Notary Signature Date



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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 '18 JAN 10 P7:08
 a 1-12-18

REGISTRATION

Lobbyist Registration
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) LUI-KWAN, IVAN M.		TELEPHONE (808) 537-6100
MAILING ADDRESS (No. and Street or P.O Box) 733 BISHOP STREET, SUITE 1900		FAX (808) 537-5434
		EMAIL ilukwan@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) STARN O'TOOLE MARCUS & FISHER		TELEPHONE (808) 537-6100
MAILING ADDRESS (No. and Street or P.O Box) 733 BISHOP STREET, SUITE 1900		FAX (808) 537-5434
		EMAIL
(City) HONOLULU	(State) HAWAII	(Zip Code) 96813

PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) PARK HOTELS & RESORTS INC. ✓		TELEPHONE (703) 584-7979
MAILING ADDRESS (No. and Street or P.O Box) 1600 TYSONS BOULEVARD, 10TH FLOOR		FAX
		EMAIL
(City) MCLEAN	(State) VIRGINIA	(Zip Code) 22102
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		<input checked="" type="checkbox"/> n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		<input checked="" type="checkbox"/> n/a

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

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY		
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input checked="" type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input checked="" type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. <u>17-303</u> (Year) <u>2017</u> Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART IV LOBBYIST CERTIFICATION	
<p>I hereby certify that the foregoing statements are true and correct.</p> <p><u>[Signature]</u> LOBBYIST SIGNATURE</p> <p><u>January 4, 2018</u> DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>4th</u> day of <u>January</u>, 2018</p> <p>By: <u>[Signature]</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS 5-236 STATE OF HAWAII</p> <p>My commission expires: <u>6/29/2019</u></p>

PART V AUTHORIZATION TO LOBBY		
NAME <u>Thomas J. Baltimore, Jr.</u>	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED <u>President of CEO</u>	
NAME OF ORGANIZATION (if applicable) PARK HOTELS & RESORTS INC.	TELEPHONE (703) 584-7979	FAX
MAILING ADDRESS (No. and Street or P.O. Box) 1600 TYSONS BOULEVARD, 10TH FLOOR	EMAIL	
(City) <u>MCLEAN</u>	(State) <u>VIRGINIA</u>	(Zip Code) <u>22102</u>
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.		
<u>[Signature]</u> (Signature of Authorizing Officer or Person Represented)		<u>1/8/18</u> (Date)

NOTARY CERTIFICATION STATEMENT

Doc. Date: January 4, 2018 Undated at time of notarization

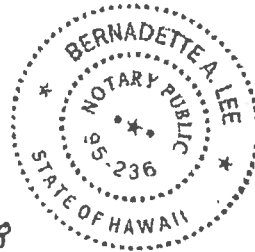
Document Description: City and County of Honolulu Ethics
Commission Lobbyist Registration Form for Ivan M. Lui-Kwan
(Park Hotels & Resorts Inc.)

No. of Pages: 3

Jurisdiction: First Judicial Circuit
Honolulu, Hawaii

Bernadette A. Lee January 4, 2018
Signature of Notary Date of Notarization and
Certification Statement

Bernadette A. Lee
Printed Name of Notary



(Official Stamp or Seal)



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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 ETHICS COMMISSION
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REGISTRATION

Lobbyist Registration
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Lori Aní C. Luím		TELEPHONE 808-544-8300
MAILING ADDRESS (No. and Street or P.O Box) 999 Bishop Street, Suite 1250		FAX
		EMAIL llum@wik.com
(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) Watanabe Ing LLP		TELEPHONE 808-544-8300
MAILING ADDRESS (No. and Street or P.O Box) 999 Bishop Street, Suite 1250		FAX
		EMAIL llum@wik.com
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) The Howard Hughes Corporation		TELEPHONE 808-591-8411
MAILING ADDRESS (No. and Street or P.O Box) 1240 Ala Moana Blvd., Suite 200		FAX
		EMAIL Todd.Apo@howardhughes.com
(City) Honolulu	(State) HI	(Zip Code) 96814
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		<input checked="" type="checkbox"/> n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		<input checked="" type="checkbox"/> n/a

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

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY		
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART IV LOBBYIST CERTIFICATION	
<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p><u>Ann C. Hun</u> LOBBYIST SIGNATURE</p> <p><u>1/12/18</u> DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>12th</u> day of <u>January</u>, <u>2018</u>.</p> <p>By: <u>Charlene M. Moriwaki</u> <small>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</small> Charlene M. Moriwaki My commission expires: <u>6/11/20</u> <i>J.S.</i></p>

PART V AUTHORIZATION TO LOBBY		
NAME Todd Apo	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED VP, Community Development	
NAME OF ORGANIZATION (if applicable) The Howard Hughes Corporation	TELEPHONE 808-591-8411	
MAILING ADDRESS (No. and Street or P.O Box) 1240 Ala Moana Blvd., Suite 200	FAX	
	EMAIL Todd.Apo@howardhughes.com	
(City) Honolulu	(State) HI	(Zip Code) 96814
<p><i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i></p> <p><u>[Signature]</u> <u>1/12/18</u> (Signature of Authorizing Officer or Person Represented) (Date)</p>		

Doc Date 1/12/18 # Pages 2
Charlene M. Moriwaki First Circuit
Doc Description Registration

l.s. Charlene M. Moriwaki
Notary Signature Date 1/12/18

NOTARY CERTIFICATION
Charlene M. Moriwaki



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

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

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 ETHICS COMMISSION
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91-12-18

'18 JAN -5 P4:44

REGISTRATION

Lobbyist Registration
 (Type or Print Clearly)

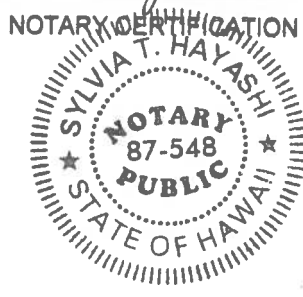
PART I LOBBYIST		
NAME (Last) (First) (Middle) Luning, Debra M A		TELEPHONE 808-599-8370
MAILING ADDRESS (No. and Street or P.O Box) 733 Bishop Street, Suite 1400		FAX 808-599-8342
		EMAIL DebbieL@gentryhawaii.com
(City) Honolulu	(State) HI	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
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) Gentry Homes, Ltd.		TELEPHONE 808-599-5558
MAILING ADDRESS (No. and Street or P.O Box) 733 Bishop Street, Suite 1400		FAX 808-599-8342
		EMAIL DebbieL@gentryhawaii.com
(City) Honolulu	(State) HI	(Zip Code) 96813
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		<input checked="" type="checkbox"/> n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		<input checked="" type="checkbox"/> n/a

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

Doc Date: 1.3.18 # Pages: 2
Name: SYLVIA T. HAYASHI First Circuit
Doc. Description: Registration

Sylvia T. Hayashi 1.3.18
Signature Date





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

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

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REGISTRATION



Lobbyist Registration
 (Type or Print Clearly)

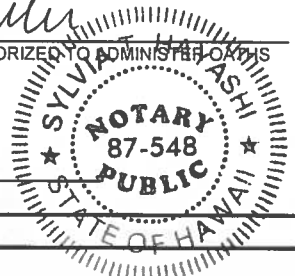
PART I LOBBYIST		
NAME (Last) (First) (Middle) Luning, Debra M A		TELEPHONE 808-599-8370
MAILING ADDRESS (No. and Street or P.O Box) 733 Bishop Street, Suite 1400		FAX 808-599-8342
(City) Honolulu	(State) HI	EMAIL DebbieL@gentryhawaii.com
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		(Zip Code) 96813
MAILING ADDRESS (No. and Street or P.O Box)		TELEPHONE
(City)		FAX
(State)		EMAIL
(City)		(Zip Code)

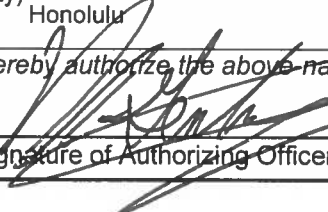
PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Gentry Investment Properties		TELEPHONE 808-599-5558
MAILING ADDRESS (No. and Street or P.O Box) 733 Bishop Street, Suite 1400		FAX 808-599-8342
(City) Honolulu	(State) HI	EMAIL DebbieL@gentryhawaii.com
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		(Zip Code) 96813
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		<input checked="" type="checkbox"/> n/a
		<input checked="" type="checkbox"/> n/a

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

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY		
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

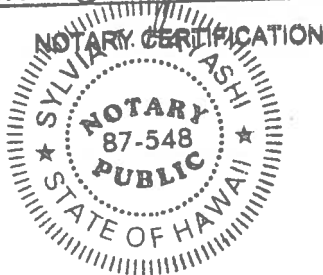
PART IV LOBBYIST CERTIFICATION	
<i>I hereby certify that the foregoing statements are true and correct.</i>  _____ LOBBYIST SIGNATURE January 3, 2018 _____ DATE	Subscribed and sworn to before me This <u>3rd</u> day of <u>January</u> , 2018. By:  _____ NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>10-26-19</u>



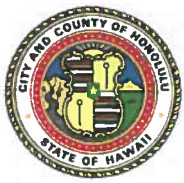
PART V AUTHORIZATION TO LOBBY		
NAME Norman Gentry	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Member Manager	
NAME OF ORGANIZATION (if applicable) Gentry Investment Properties	TELEPHONE 808-599-5558	
MAILING ADDRESS (No. and Street or P.O. Box) 733 Bishop Street, Suite 1400	FAX 808-599-8342	
	EMAIL NormanG@gentryhawaii.com	
(City) Honolulu	(State) HI	(Zip Code) 96813
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>  _____ (Signature of Authorizing Officer or Person Represented)		
		<u>Jan. 3, 2018</u> (Date)

Doc Date: 1.3.18 # Pages: ^{no} 2
Name: SYLVIA T. HAYASHI First Circuit
Doc. Description: Registration

Sylvia T. Hayashi 1.3.18
Signature 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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REGISTRATION

Lobbyist Registration
 (Type or Print Clearly)

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PART I LOBBYIST

NAME (Last) (First) (Middle) Malinoski, Jodi, Lilia Aiko		TELEPHONE 808 - 538 - 6616
MAILING ADDRESS (No. and Street or P.O Box) PO BOX 2577		FAX
		EMAIL JODI.MALINOSKI@sierraclub.org
(City) Honolulu	(State) Hawaii	(Zip Code) 96803
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) Sierra Club of Hawaii		TELEPHONE 808 - 538 - 6616
MAILING ADDRESS (No. and Street or P.O Box) PO BOX 2577		FAX
		EMAIL hawaii.chapter@sierraclub.org
(City) Honolulu	(State) Hawaii	(Zip Code) 96803

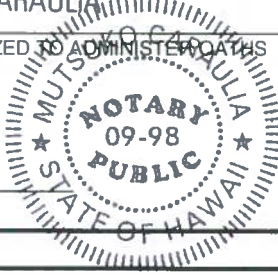
PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Sierra Club of Hawaii		TELEPHONE 808 - 538 - 6616
MAILING ADDRESS (No. and Street or P.O Box) PO BOX 2577		FAX
		EMAIL
(City) Honolulu	(State) Hawaii	(Zip Code) 96803
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS) 2,700		<input type="checkbox"/> n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS Elected Executive Committee, policies set by National		<input type="checkbox"/> n/a

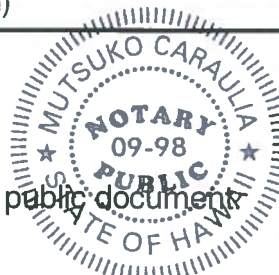
PART II.B NO LONGER LOBBYING

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

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY		
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input checked="" type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input checked="" type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART IV LOBBYIST CERTIFICATION	
<p>I hereby certify that the foregoing statements are true and correct.</p> <p><u>Jodi Palenski</u> LOBBYIST SIGNATURE</p> <p><u>1/10/17</u> DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>10th</u> day of <u>January</u>, <u>2018</u>.</p> <p>By: <u>Mutsuko Caraulia</u> MUTSUKO CARAULIA NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: Notary Public, First Judicial Circuit State of Hawaii My commission expires: April 5, 2021</p> 

PART V AUTHORIZATION TO LOBBY		
NAME <u>Martha Townsend</u>	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED <u>Chapter Director</u>	
NAME OF ORGANIZATION (if applicable) <u>Sierra Club of Hawaii</u>	TELEPHONE <u>808-538-6616</u>	
MAILING ADDRESS (No. and Street or P.O. Box) <u>PO Box 2577</u>	FAX	EMAIL <u>marti.townsend@sierraclub.org</u>
(City) <u>Honolulu</u>	(State) <u>Hawaii</u>	(Zip Code) <u>96803</u>
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.		
<u>[Signature]</u> (Signature of Authorizing Officer or Person Represented)		<u>Jan. 8, 2018</u> (Date)





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

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

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REGISTRATION

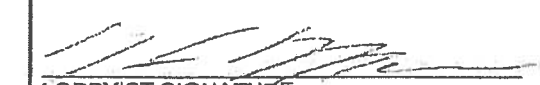

Lobbyist Registration
 (Type or Print Clearly)

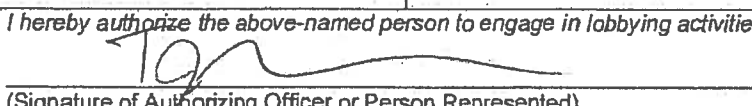
PART I LOBBYIST		
NAME (Last) (First) (Middle) MARCUS, KENNETH B.		TELEPHONE (808) 537-6100
MAILING ADDRESS (No. and Street or P.O. Box) 733 BISHOP STREET, SUITE 1900		FAX (808) 537-5434
		EMAIL kmarcus@stamlaw.com
(City) HONOLULU	(State) HAWAII	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) STARN O'TOOLE MARCUS & FISHER		TELEPHONE (808) 537-6100
MAILING ADDRESS (No. and Street or P.O. Box) 733 BISHOP STREET, SUITE 1900		FAX (808) 537-5434
		EMAIL
(City) HONOLULU	(State) HAWAII	(Zip Code) 96813

PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) PARK HOTELS & RESORTS INC. /		TELEPHONE (703) 584-7979
MAILING ADDRESS (No. and Street or P.O. Box) 1600 TYSONS BOULEVARD, 10TH FLOOR		FAX
		EMAIL
(City) MCLEAN	(State) VIRGINIA	(Zip Code) 22102
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		<input checked="" type="checkbox"/> n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		<input checked="" type="checkbox"/> n/a

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

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY		
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input checked="" type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input checked="" type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. 17-303 (Year) 2017 Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART IV LOBBYIST CERTIFICATION	
<p>I hereby certify that the foregoing statements are true and correct.</p> <p> LOBBYIST SIGNATURE</p> <p><u>January 4, 2018</u> DATE</p>	<p>Subscribed and sworn to before me.</p> <p>This <u>4th</u> day of <u>January</u>, 2018.</p> <p>By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS -236- STATE OF HAWAII</p> <p>My commission expires: <u>6/29/2019</u></p>

PART V AUTHORIZATION TO LOBBY		
NAME <u>Thomas J Baltimore, Jr</u>	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED <u>President & CEO</u>	
NAME OF ORGANIZATION (if applicable) <u>PARK HOTELS & RESORTS INC.</u>		TELEPHONE <u>(703) 584-7979</u>
MAILING ADDRESS (No. and Street or P.O. Box) <u>1600 TYSONS BOULEVARD, 10TH FLOOR</u>		FAX
(City) <u>MCLEAN</u>	(State) <u>VIRGINIA</u>	EMAIL
		(Zip Code) <u>22102</u>
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.		
 (Signature of Authorizing Officer or Person Represented)		<u>1/8/18</u> (Date)

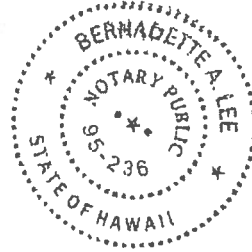
NOTARY CERTIFICATION STATEMENT

Doc. Date: January 4, 2018 Undated at time of notarization

Document Description: City and County of Honolulu Ethics
Commission Lobbyist Registration Form for Kenneth B. Marcus
(Park Hotels & Resorts Inc.)

No. of Pages: 3

Jurisdiction: First Judicial Circuit
Honolulu, Hawaii



Bernadette A. Lee January 4, 2018
Signature of Notary Date of Notarization and
Certification Statement

Bernadette A. Lee (Official Stamp or Seal)
Printed Name of Notary