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)		TELEPHONE
Alexander, Daniel Anthony		808-735-5756
MAILING ADDRESS (No. and Street or P.O Box) 3442 Waialae Avenue, Suite 1		FAX
		EMAIL daniel@hbl.org
(City) Honolulu	(State) HI	(Zip Code) 96816
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)		TELEPHONE
Hawaii Bicycling League		808-735-5756
MAILING ADDRESS (No. and Street or P.O Box) 3442 Waialae Avenue, Suite 1		FAX
		EMAIL bicycle@hbl.org
(City) Honolulu	(State) HI	(Zip Code) 96816
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS) 1800		☐ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS Strategic plan		☐ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☐Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☐Housing	☐Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☐Public Health, Safety & Welfare	☐Tourism
☒Transportation	☐Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

LOBBYIST SIGNATURE

~~12/26/17~~ 2/20/18
DATE

Subscribed and sworn to before me

This 20 day of February, 2018

By: _____
NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires:
6-18-21

GARRIN J. TAGA NOTARY PUBLIC No. 17-196 STATE OF HAWAII

PART V AUTHORIZATION TO LOBBY

NAME Please see next page	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
NAME OF ORGANIZATION (if applicable) ~~fo~~ 2/22/18		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)		FAX EMAIL
(City)	(State)	(Zip Code)

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented) (Date)

Rev. 12/2017

GARRIN J. TAGA NOTARY PUBLIC No. 17-196 STATE OF HAWAII

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. 2-2018

Notary Signature 2-20-18 Date

Revised form — David Alexander

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☐Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☐Housing	☐Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☐Public Health, Safety & Welfare	☐Tourism
☒Transportation	☐Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

_____
LOBBYIST SIGNATURE

12/26/17
DATE

Subscribed and sworn to before me

This _____ day of _____, _____.

By:

_____
NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires:

_____

PART V AUTHORIZATION TO LOBBY

NAME ~~Dr~~ Chad Taniguchi	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Executive Director	
NAME OF ORGANIZATION (if applicable) Hawaii Bicycling League		TELEPHONE 808-735-5756
MAILING ADDRESS (No. and Street or P.O Box) 3442 Waialae Ave, Suite 1		FAX EMAIL chad@hbl.org
(City) Honolulu	(State) HI	(Zip Code) 96816

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

_____ 2/21/18
(Signature of Authorizing Officer or Person Represented) (Date)

Rev. 12/2017

NOTE: This is a public document.

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)

PART I LOBBYIST

NAME (Last) (First) (Middle)		TELEPHONE
Chong, Dwight, Pono		948-6111
MAILING ADDRESS (No. and Street or P.O Box) 818 Keeaumoku St.		FAX EMAIL pono_chong@hmsa.com
(City) Honolulu	(State) HI	(Zip Code) 96814
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) Hawaii Medical Service Association		TELEPHONE 948-6111
MAILING ADDRESS (No. and Street or P.O Box) 818 Keeaumoku St.		FAX EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96814

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Medical Service Association		TELEPHONE 948-6111
MAILING ADDRESS (No. and Street or P.O Box) 818 Keeaumoku St.		FAX EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96814
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		☐ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS HMSA is headed by a Board-appointed President and CEO. Administrative policy decisions are made by the President and appropriate Chiefs and Vice Presidents.		☐ n/a

PART II.B NO LONGER LOBBYING

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

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PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☒Business & Economic Development	☒Community Services	☒Customer Services
☐Culture & Arts	☒Housing	☐Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☒Public Health, Safety & Welfare	☐Tourism
☐Transportation	☐Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐Other (indicate below): Issues related to: real property taxation; land use/zoning; Employee Union Trust Fund (EUTF); and programs, projects, and grants affecting the community's health and wellbeing.		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

LOBBYIST SIGNATURE

2/13/18
DATE

Subscribed and sworn to before me

This 13th day of February, 2018.

By: Kimberly Jonas
NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS
Kimberly Jonas

My commission expires:
10/23/2020

see separate Notary certification page

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Michael Stollar	President/CEO JP 3/29/18	
NAME OF ORGANIZATION (if applicable) Hawaii Medical Service Association		TELEPHONE 948-6111
MAILING ADDRESS (No. and Street or P.O Box) 818 Keeaumoku St.		FAX EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96814

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

FEB 15 2018
(Date)

NOTE: This is a public document.

STATE OF HAWAII)
) S.S.
CITY & COUNTY OF HONOLULU)

On this 13th day of February, 2018, before me personally appeared Dwight Pono Chong, to me known to be the person(s) described in and who executed the foregoing instrument and aeknowledged that he/~~she/they~~ executed the same as his/~~her/their~~ free act and deed.

Witness my hand and seal.

L.S.

Kimberly Jonas
Kimberly Jonas
Notary Public, State of Hawaii
My commission expires 10/23/2020

Document Date: No Date # Pages: 3

Notary Name: Kimberly Jonas First Circuit L.S.

Document Description: Lobbyist Registration

Kimberly Jonas 2/13/18
Notary Signature Date

NOTARY CERTIFICATION

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)		TELEPHONE
Egged, Rick		(808) 923-0775
MAILING ADDRESS (No. and Street or P.O Box) 2250 Kalakaua Ave. Suite 315		FAX (808) 923-2622
		EMAIL rick@waikikiimprovement.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96815
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) Waikiki Improvement Association		TELEPHONE (808) 923-1094
MAILING ADDRESS (No. and Street or P.O Box) 2250 Kalakaua Ave.Suite 315		FAX (808) 923-2622
		EMAIL mail@waikikiimprovement.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96815

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Waikiki Improvement Association		(808) 923-1094
MAILING ADDRESS (No. and Street or P.O Box) 2250 Kalakau Ave. Suite 315		FAX (808) 923-2622
		EMAIL mail@waikikiimprovement.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96815
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS) 170		☐ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS Board of Directors is the policy making body		☐ n/a

PART II.B NO LONGER LOBBYING

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

'18 MAR 28 P1:11
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NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☒Business & Economic Development	☒Community Services	☒Customer Services
☒Culture & Arts	☐Housing	☒Public Works, Infrastructure & Sustainability
☒Parks & Recreation	☒Public Health, Safety & Welfare	☒Tourism
☒Transportation	☒Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

LOBBYIST SIGNATURE

3.12.18
DATE

Subscribed and sworn to before me

This 12 day of MARCH, 2018.

By:
NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires:
DECEMBER 14 2020

HIDEKO TSUJIUCHI NOTARY PUBLIC No. 08-573 STATE OF HAWAII

PART V AUTHORIZATION TO LOBBY

NAME Rick Egged	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President	
NAME OF ORGANIZATION (if applicable) Waikiki Improvement Association		TELEPHONE (808) 923-0775
MAILING ADDRESS (No. and Street or P.O Box) 2250 Kalakaua Ave. Suite 315		FAX (808) 923-2622
		EMAIL rick@waikikiimprovement.com
(City) Honolulu	(State) Hawaii	(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)

3.12.18
(Date)

HIDEKO TSUJIUCHI NOTARY PUBLIC No 08-573 STATE OF HAWAII

Rev 12/2017

NOTE: This is a public document.

3/12/18
HIDEKO TSUJIUCHI FIRST REGISTRATION

3/12/1

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

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3·13·18

REGISTRATION

Lobbyist Registration
(Type or Print Clearly)

PART I LOBBYIST

NAME (Last) (First) (Middle)		TELEPHONE
Johnson, Jennifer B		949-278-55387
MAILING ADDRESS (No. and Street or P.O Box) 2955 Red Hill Ave, Suite 200		FAX EMAIL jjohnson@mobilitie.com
(City) Costa Mesa	(State) CA	(Zip Code) 92626
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)		TELEPHONE
Mobilitie, LLC		949-278-5537
MAILING ADDRESS (No. and Street or P.O Box) 2955 Red Hill Ave, Suite 200		FAX EMAIL jjohnson@mobilitie.com
(City) Costa Mesa	(State) CA	(Zip Code) 92626
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		☒ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☒ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☐Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☐Housing	☒Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☐Public Health, Safety & Welfare	☐Tourism
☐Transportation	☐Zoning & Planning	☒Specific Legislation: Bill No. 18-34 (Year) 2018 Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
☐Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

LOBBYIST SIGNATURE

March 6, 2018
DATE

Subscribed and sworn to before me

This _____ day of _____, _____

By:

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires:

_____

PART V AUTHORIZATION TO LOBBY

NAME Christopher Glass	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED SVP, General Counsel	
NAME OF ORGANIZATION (if applicable) Mobilitie, LLC		TELEPHONE 949-999-5773
MAILING ADDRESS (No. and Street or P.O Box) 660 Newport Center Dr, Suite 200		FAX EMAIL
(City) Newport Beach	(State) CA	(Zip Code) 92660

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

3/6/18
(Date)

Rev. 12/2017

NOTE: This is a public document.

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Orange)

On March 6, 2018 before me, Melissa Ann Williams, Notary Public
(insert name and title of the officer)

personally appeared Christopher Glass,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/~~are~~ subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity(~~ies~~), and that by his/~~her/their~~ signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

MELISSA ANN WILLIAMS
Commission # 2133409
Notary Public - California
Orange County
My Comm. Expires Nov 9, 2019

Signature _____ (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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'18 MAR 29 A9:06

REGISTRATION

Lobbyist Registration
(Type or Print Clearly)

PART I LOBBYIST

NAME (Last) (First) (Middle)		TELEPHONE
MacPherson, Christy, Kikue		808-554-3833
MAILING ADDRESS (No. and Street or P.O Box) P.O. Box 235950		FAX
		EMAIL director@facehawaii.org
(City) Honolulu	(State) HI	(Zip Code) 96823
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) Faith Action for Community Equity		TELEPHONE 808-554-3833
MAILING ADDRESS (No. and Street or P.O Box) P.O. Box 235950		FAX
		EMAIL director@facehawaii.org
(City) Honolulu	(State) HI	(Zip Code) 96823

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Faith Action for Community Equity		808-554-3833
MAILING ADDRESS (No. and Street or P.O Box) P.O. Box 235950		FAX
		EMAIL director@facehawaii.org
(City) Honolulu	(State) HI	(Zip Code) 96823
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS) 50,000		☐ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS One-on-Ones with members and then prioritize issues and establish task forces		☐ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☐Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☑Housing	☑Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☑Public Health, Safety & Welfare	☐Tourism
☑Transportation	☐Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

LOBBYIST SIGNATURE

03/28/18
DATE

Subscribed and sworn to before me

This 28th day of March, 2018.

By: _____
NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires:

TERRI LYNN K. K. TANAKA
Notary Public, First Judicial Circuit
State of Hawaii
My Commission Expires: January 29, 2022

PART V AUTHORIZATION TO LOBBY

NAME Keith Webster	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President	
NAME OF ORGANIZATION (if applicable) Faith Action for Community Equity		TELEPHONE 808-295-1702
MAILING ADDRESS (No. and Street or P.O Box) P.O. Box 235950		FAX EMAIL keithwebster@hawaii.rr.com
(City) Honolulu	(State) HI	(Zip Code) 96823

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented) (Date)

NOTE: This is a public document.

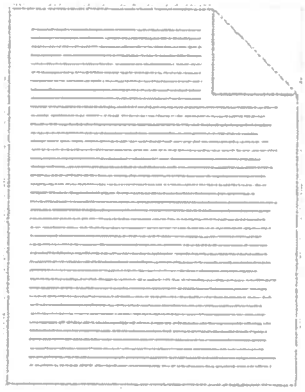
Document Date: 03/28/2018 # Pages: 5

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

Doc. Description: Registration

Terri Lynn K.K. Tanaka 3/28/2018

Notary Signature Date



Lobbyist_Registration_12-2017

Adobe Sign Document History 03/27/2018

Created:	02/15/2018
By:	Christy MacPherson (director@facehawaii.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAqVmlc86VgfA5F4LJauaWSF_Zc-7uMIDB

"Lobbyist_Registration_12-2017" History

Document uploaded by Christy MacPherson (director@facehawaii.org) from Acrobat
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Document emailed to Keith Webster (keithwebster@hawaii.rr.com) for signature
02/15/2018 - 5:09:55 PM PST

Document viewed by Keith Webster (keithwebster@hawaii.rr.com)
02/17/2018 - 1:00:27 AM PST- IP address: 76.173.215.113

Document e-signed by Keith Webster (keithwebster@hawaii.rr.com)
Signature Date: 03/27/2018 - 10:43:47 PM AKDT - Time Source: server- IP address: 76.173.215.113

Signature: Keith Webster
Keith Webster (Mar 27, 2018)

Email: keithwebster@hawaii.rr.com

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) Sabas, John R		TELEPHONE (808) 523-2500
MAILING ADDRESS (No. and Street or P.O Box) 1001 Bishop Street, Suite 2100		FAX (808) 523-0842 EMAIL jsabas@carlsmith.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) Carlsmith Ball LLP		TELEPHONE (808) 523-2500
MAILING ADDRESS (No. and Street or P.O Box) 1001 Bishop Street, Suite 2100		FAX (808) 523-0842 EMAIL jsabas@carlsmith.com
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Carlsmith Ball LLP		TELEPHONE (808) 523-2500
MAILING ADDRESS (No. and Street or P.O Box) 1001 Bishop Street, Suite 2100		FAX (808) 523-0842 EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		☒ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☒ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☐Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☒Housing	☐Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☐Public Health, Safety & Welfare	☐Tourism
☐Transportation	☒Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

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

I hereby certify that the foregoing statements are true and correct.

LOBBYIST SIGNATURE

March 15, 2018
DATE

Subscribed and sworn to before me

This 15th day of March, 2018.

By: _____
NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

Rodney S. Nagasako
My commission expires:

SEP 05 2018

RODNEY S. NAGASAKO NOTARY PUBLIC No. 10-288 STATE OF HAWAII

PART V AUTHORIZATION TO LOBBY

NAME John R. Sabas	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Director of Public & Governmental Affairs	
NAME OF ORGANIZATION (if applicable) Carlsmith Ball LLP		TELEPHONE (808) 523-2500
MAILING ADDRESS (No. and Street or P.O Box) 1001 Bishop Street, Suite 2100		FAX (808) 523-0842
		EMAIL jsabas@carlsmith.com
(City) Honolulu	(State) HI	(Zip Code) 96813

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

March 15, 2018
(Date)

Rev. 12/2017

NOTE: This is a public document.

NOTARY CERTIFICATE ON NEXT PAGE

NOTARY PUBLIC CERTIFICATION

Rodney S. Nagasako 1ST Judicial Circuit

Doc. Description: REGISTRATION - LOBBYIST REGISTRATION

No. of Pages: 3 Date of Doc. MAR 15 2018

Rodney S. Nagasako MAR 15 2018

Notary Signature Date

RODNEY S. NAGASAKO NOTARY PUBLIC No. 10-286 STATE OF HAWAII

CITY AND COUNTY OF HONOLULU
ETHICS COMMISSION
LOBBYIST REGISTRATION FORM

HONOLULU ETHICS COMMISSION RECEIVED 03.28.18 '18 MAR 27 P12:04

Separate applications must be filed if you lobby for pay or other consideration for more than one organization. (See back of this form for information.)

SECTION I LOBBYIST

NAME Yamasaki (LAST) Ross (FIRST) I. (MIDDLE) (PRINT)

Business Address 222 S. Vineyard Street, Suite 401, Honolulu, HI 96813 (STREET, CITY, STATE, ZIP CODE) Phone (808) 531-4551

Email Address: jhr@808cch.com

EMPLOYER

Business Address (STREET, CITY, STATE, ZIP CODE) Phone

ORGANIZATION LOBBYING FOR American Chemistry Council

Business Address 1121 L Street, Suite 609, Sacramento, CA 95814 (STREET, CITY, STATE, ZIP CODE) Phone (916) 448-2581

Estimated Duration of Employment with Organization Annually

Number of membership if lobbying on behalf of members 150

Description of the methods by which members develop and make decisions about positions on policy:
Policies are developed by a committee of company representatives.

Description of type of legislation you expect to lobby on: Polystyrene foam and plastic bags.

SECTION II CERTIFICATION OF LOBBYIST

STATE OF HAWAII) ss
CITY AND COUNTY OF HONOLULU)

I hereby certify that the foregoing statements are true and correct.

SIGNATURE OF LOBBYIST

3/19/18
DATE

Subscribed and sworn to before me

This 19 day of March, 2018.

By: A.N. Kapunai
NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires:

ANN N. KAPUNIAI
NOTARY PUBLIC
No. 07-20
STATE OF HAWAII

ANN N. KAPUNIAI
NOTARY PUBLIC, FIRST JUDICIAL CIRCUIT
STATE OF HAWAII
COMMISSION EXPIRE 01/14/2019

SECTION III AUTHORIZATION TO LOBBY

Name Tim Shestek — Sr. Director, State Affairs (TITLE OF AUTHORIZING OFFICER)

Name of Organization American Chemistry Council

I hereby authorize the above-named lobbyist to engage in lobbying activities on behalf of the undersigned.

SIGNATURE OF AUTHORIZING OFFICER

1/8/18
DATE

PLEASE RETAIN A COPY FOR YOUR RECORDS

Rev. 09/2016

Document Date: 03-19-18 # Pages: one

Notary Name: ANN N. KAPUNIAI First Circuit

Doc. Description: LOBBYIST REGISTRATION FORM

Notary Signature 03-19-18 Date

ANN N. KAPUNIAI NOTARY PUBLIC No. 07-20 STATE OF HAWAII

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

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

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HONOLULU
ETHICS COMMISSION
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REGISTRATION

Lobbyist Registration
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Marrone, Gladys Q.		TELEPHONE 808-629-7509
MAILING ADDRESS (No. and Street or P.O Box) 94-487 Akoki Street		FAX EMAIL gqm@biahawaii.org
(City) Waipahu	(State) HI	(Zip Code) 96797
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) Building Industry Association of Hawaii		TELEPHONE 808-629-7509
MAILING ADDRESS (No. and Street or P.O Box) 94-487 Akoki Street		FAX EMAIL gqm@biahawaii.org
(City) Waipahu	(State) HI	(Zip Code) 96797

PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Building Industry Association of Hawaii		TELEPHONE 808-847-4666
MAILING ADDRESS (No. and Street or P.O Box) 94-487 Akoki Street		FAX EMAIL gqm@biahawaii.org
(City) Waipahu	(State) HI	(Zip Code) 96797
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS) 370		☐ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS Board of Directors, Government Relations Committee		☐ n/a

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☒Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☒Housing	☒Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☐Public Health, Safety & Welfare	☐Tourism
☒Transportation	☒Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____

☐Other (indicate below):

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

LOBBYIST SIGNATURE

DATE 1/5/18

Subscribed and sworn to before me this 5th day of January

By: Tiresa S. Nahinu

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires:

My commission expires: April 06, 2018

TIRESA S. NAHINU NOTARY PUBLIC 14-108 STATE OF HAWAII

JAN 05 2018 Doc. Date: Tiresa S. Nahinu Notary Name: 5th Circuit Doc. Description: Registration JAN 05 2018 Date NOTARY CERTIFICATION

My commission expires: April 06, 2018

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Gladys Quinto Marrone	CEO	
NAME OF ORGANIZATION (if applicable) Building Industry Association of Hawaii		TELEPHONE 808-629-7509
MAILING ADDRESS (No. and Street or P.O Box) 94-487 Akoki Street		FAX EMAIL
(City) Waipahu	(State) HI	(Zip Code) 96797

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

1/5/18
(Date)

NOTE: This is a public document.

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)		TELEPHONE
MARUYAMA, LISA T.		(808) 529-0454
MAILING ADDRESS (No. and Street or P.O Box) 1020 South Beretania St.		FAX EMAIL lmaruyama@hano-hawaii.or
(City) Honolulu	(State) HI	(Zip Code) 96814
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)		TELEPHONE
Hawaii Alliance of Nonprofit Organizations (HANO)		(808) 529-0454
MAILING ADDRESS (No. and Street or P.O Box) 1020 South Beretania St. 2nd Fl.		FAX — EMAIL lmaruyama@hano-hawaii.org
(City) Honolulu	(State) HI	(Zip Code) 96814
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		☑ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☑ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☑Business & Economic Development	☑Community Services	☐Customer Services
☐Culture & Arts	☐Housing	☐Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☐Public Health, Safety & Welfare	☐Tourism
☐Transportation	☐Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐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 _____ day of _____, _____.

By:

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires:

PART V AUTHORIZATION TO LOBBY

NAME Lisa Maruyama	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President & CEO	
NAME OF ORGANIZATION (if applicable) HANO		TELEPHONE 529-0454
MAILING ADDRESS (No. and Street or P.O Box) 1020 South Beretania St. 2nd Fl.		FAX EMAIL lmaruyama@hano-hawaii.org
(City) Honolulu	(State) HI	(Zip Code) 96814

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

1/9/18
(Date)

Rev. 12/2017

NOTE: This is a public document.

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

On this 16th day of JANUARY, 2018, before me personally appeared LISA MARUYAMA, ☐ personally known to me, or ☒ proved to me on the basis of satisfactory evidence, who, being by me duly sworn or affirmed, did say that such person executed the foregoing instrument, and acknowledged that such person executed the same as the person's free act and deed.

LAURA F. WOODS NOTARY PUBLIC No. 98-492 STATE OF HAWAII

Signature: _____
Name: LAURA F. WOODS
Notary Public, State of Hawaii

My commission expires: 9/24/2018

Document Date: JAN 10 2018 No. of Pages: 3 INCLUDING THIS PAGE

Notary Name: LAURA F. WOODS 1st Circuit

Document Description: REGISTRATION - LOBBYIST REGISTRATION

_____ JAN 10 2018
Notary Signature Date

LAURA F. WOODS NOTARY PUBLIC No. 98-492 STATE OF HAWAII

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)		TELEPHONE
Masatsugu, Jeffrey S.		808-554-3406
MAILING ADDRESS (No. and Street or P.O Box) P.O. Box 22534		FAX
		EMAIL jmas808@gmail.com
(City) Honolulu	(State) HI	(Zip Code) 96823
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) JM Consulting LLC		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box) P.O. Box 22534		FAX
		EMAIL jmas808@gmail.com
(City) Honolulu	(State) HI	(Zip Code) 96823

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Carpet, Linoleum and Soft Tile Local Union 1926 Market Recovery Trust Fund		808-523-9411
MAILING ADDRESS (No. and Street or P.O Box) 222 S. Vineyard Blvd, PH4		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		☒ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☒ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☒Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☒Housing	☒Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☐Public Health, Safety & Welfare	☐Tourism
☒Transportation	☒Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

Jeffrey S. Masatsugu
LOBBYIST SIGNATURE

1/8/2018
DATE

Subscribed and sworn to before me

This 8TH day of JANUARY, 2018.

By: _____
NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

KIMBERLY L. ZIPP
My commission expires:
02.12.2018

Notary Certificate on Back

KIMBERLY L. ZIPP NOTARY PUBLIC 06-78 STATE OF HAWAII

PART V AUTHORIZATION TO LOBBY

NAME Ryden Valmoja	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Trustee	
NAME OF ORGANIZATION (if applicable) Carpet, Linoleum and Soft Tile Local Union 1926 Market Recovery Trust Fund		TELEPHONE 808-523-9411
MAILING ADDRESS (No. and Street or P.O Box) 222 S. Vineyard Blvd, PH4		FAX EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

Ryden Valmoja
(Signature of Authorizing Officer or Person Represented)

1/8/2018
(Date)

Rev. 12/2017

NOTE: This is a public document.

Doc. Date: 01-08-2018 # Pages: 2

Name: Kimberly L. Zipp First Circuit

Doc. Description: REGISTRATION

Kimberly L. Zipp 01-08-2018

Signature Date

NOTARY CERTIFICATION

KIMBERLY L. ZIPP
NOTARY PUBLIC
06-78
STATE OF HAWAII

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)		TELEPHONE
Masatsugu, Jeffrey S.		808-554-3406
MAILING ADDRESS (No. and Street or P.O Box) P.O. Box 22534		FAX
		EMAIL jmas808@gmail.com
(City) Honolulu	(State) HI	(Zip Code) 96823
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) JM Consulting LLC		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box) P.O. Box 22534		FAX
		EMAIL jmas808@gmail.com
(City) Honolulu	(State) HI	(Zip Code) 96823

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Hawaii Tapers Market Recovery Trust Fund		808-523-9411
MAILING ADDRESS (No. and Street or P.O Box) 222 S. Vineyard Blvd, PH4		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		☒ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☒ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☒Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☒Housing	☒Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☐Public Health, Safety & Welfare	☐Tourism
☒Transportation	☒Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

Jeffrey S. Masatsugu
LOBBYIST SIGNATURE

1/8/2018
DATE

Subscribed and sworn to before me

This 8TH day of JANUARY, 2018.

By:
NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

KIMBERLY L. ZIPP
My commission expires:
02.12.2018

KIMBERLY L. ZIPP NOTARY PUBLIC 06-78 STATE OF HAWAII

Notary Certificate on Back

PART V AUTHORIZATION TO LOBBY

NAME Ryden Valmoja	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Trustee	
NAME OF ORGANIZATION (if applicable) Hawaii Tapers Market Recovery Trust Fund		TELEPHONE 808-523-9411
MAILING ADDRESS (No. and Street or P.O Box) 222 S. Vineyard Blvd, PH4		FAX EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

Ryden Valmoja
(Signature of Authorizing Officer or Person Represented)

1/8/2018
(Date)

Rev. 12/2017

NOTE: This is a public document.

Doc. Date: 01.08.2018 # Pages: 2

Name: Kimberly L. Zipp First Circuit

Doc. Description: REGISTRATION

Signature 01.08.2018 Date

NOTARY CERTIFICATION

KIMBERLY L. ZIPP
NOTARY
06-78
PUBLIC
STATE OF HAWAII

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

TEL: (808) 768-9242 FAX: (808) 768-7768
Email: ethics@honolulu.gov
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REGISTRATION

Lobbyist Registration
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PART I LOBBYIST

NAME (Last) (First) (Middle)		TELEPHONE
Masatsugu, Jeffrey S.		808-554-3406
MAILING ADDRESS (No. and Street or P.O Box) P.O. Box 22534		FAX
		EMAIL jmas808@gmail.com
(City) Honolulu	(State) HI	(Zip Code) 96823
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) JM Consulting LLC		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box) P.O. Box 22534		FAX
		EMAIL jmas808@gmail.com
(City) Honolulu	(State) HI	(Zip Code) 96823

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Hawaii Glaziers, Architectural Metal Glassworkers Local Union 1889 AFL-CIO Stabilization		808-523-9411
MAILING ADDRESS (No. and Street or P.O Box) 222 S. Vineyard Blvd, PH4		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		☒ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☒ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☒Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☒Housing	☒Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☐Public Health, Safety & Welfare	☐Tourism
☒Transportation	☒Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

Jeffrey S. Masatsugu
LOBBYIST SIGNATURE

1/8/2018
DATE

Subscribed and sworn to before me

This 9TH day of JANUARY, 2018.

By: Kimberly L. Zipp
NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

KIMBERLY L. ZIPP
My commission expires:

02-12-2018

KIMBERLY L. ZIPP NOTARY PUBLIC 06-78 STATE OF HAWAII

Notary Certificate on Back

PART V AUTHORIZATION TO LOBBY

NAME Ryden Valmoja	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Trustee	
NAME OF ORGANIZATION (if applicable) Hawaii Glaziers, Architectural Metal Glassworkers Local Union 1889 AFL-CIO Stabilization Trust Fund		TELEPHONE 808-523-9411
MAILING ADDRESS (No. and Street or P.O Box) 222 S. Vineyard Blvd, PH4		FAX EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

Ryden Valmoja
(Signature of Authorizing Officer or Person Represented)

1/8/2018
(Date)

Rev. 12/2017

NOTE: This is a public document.

Doc. Date: 01-08-2018 # Pages: 2

Name: Kimberly L. Zipp First Circuit

Doc. Description: REGISTRATION

Kimberly L. Zipp 01-08-2018

Signature Date

NOTARY CERTIFICATION

KIMBERLY L. ZIPP
NOTARY
06-78
PUBLIC
STATE OF HAWAII

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)		TELEPHONE
Masatsugu, Jeffrey S.		808-554-3406
MAILING ADDRESS (No. and Street or P.O Box) P.O. Box 22534		FAX
		EMAIL jmas808@gmail.com
(City) Honolulu	(State) HI	(Zip Code) 96823
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) JM Consulting LLC		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box) P.O. Box 22534		FAX
		EMAIL jmas808@gmail.com
(City) Honolulu	(State) HI	(Zip Code) 96823

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Painting Industry of Hawaii Labor Management Cooperation Trust Fund		808-523-9411
MAILING ADDRESS (No. and Street or P.O Box) 222 S. Vineyard Blvd, PH4		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		☒ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☒ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☒Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☒Housing	☒Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☐Public Health, Safety & Welfare	☐Tourism
☒Transportation	☒Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

Jeffrey S. Masatsugu
LOBBYIST SIGNATURE

1/8/2018
DATE

Subscribed and sworn to before me

This 8TH day of JANUARY, 2018.

By: Kimberly L. Zipp
NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

KIMBERLY L. ZIPP
My commission expires:
02.12.2018
Notary Certificate on Back

KIMBERLY L. ZIPP NOTARY PUBLIC 06-78 STATE OF HAWAII

PART V AUTHORIZATION TO LOBBY

NAME Ryden Valmoja	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Trustee	
NAME OF ORGANIZATION (if applicable) Painting Industry of Hawaii Labor Management Cooperation Trust Fund		TELEPHONE 808-523-9411
MAILING ADDRESS (No. and Street or P.O Box) 222 S. Vineyard Blvd, PH4		FAX EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

Ryden Valmoja Ryd-Valmoja
(Signature of Authorizing Officer or Person Represented)

1/8/2018
(Date)

Rev. 12/2017

NOTE: This is a public document.

Doc. Date: 01.08.2018 # Pages: 2

Name: Kimberly L. Zipp First Circuit

Doc. Description: REGISTRATION

Kimberly L. Zipp 1.8.2018

Signature Date

NOTARY CERTIFICATION

KIMBERLY L. ZIPP
NOTARY PUBLIC
06-78
STATE OF HAWAII

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) MATSUNAMI, GARRET		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 gmatsunami@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)		☒ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☒ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☒Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☒Housing	☒Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☐Public Health, Safety & Welfare	☐Tourism
☒Transportation	☒Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

LOBBYIST SIGNATURE

JAN - 8 2018

DATE

Subscribed and sworn to before me

This 8th day of January, 2018.

By: _____

KYOKO PATOC, State of Hawaii

NOTARY ORLANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires:

June 14, 2020

KYOKO PATOC NOTARY PUBLIC No. 96-313 STATE OF HAWAII

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.

(Signature of Authorizing Officer or Person Represented)

JAN - 8 2018

(Date)

KYOKO PATOC NOTARY PUBLIC No. 96-313 STATE OF HAWAII

NOTARY CERTIFICATION

Kyoko Patoc — First Judicial Circuit

Doc. Description: Registration

Doc. Date: 1/8/18 # Pages: 2

Notary Signature — 1/8/18 Date

Rev. 12/2017

NOTE: This is a public document.

1-19-18

CITY AND COUNTY OF HONOLULU
ETHICS COMMISSION
LOBBYIST REGISTRATION FORM

HONOLULU ETHICS COMMISSION RECEIVED '18 JAN 19 A10:42

Separate applications must be filed if you lobby for pay or other consideration for more than one organization. (See back of this form for information.)

SECTION I LOBBYIST

NAME (PRINT) McClellan (LAST) William Henry (FIRST) Kekoa (MIDDLE)

Business Address 87855 C Farrington Hwy. Maili HI 96792 (STREET, CITY, STATE, ZIP CODE) Phone 8083937937

Email Address: Kekoamcclellan@gmail.com

EMPLOYER The McClellan Group, LLC

Business Address 87855 C Farrington Hwy. Maili HI 96792 (STREET, CITY, STATE, ZIP CODE) Phone 8083937937

ORGANIZATION LOBBYING FOR The American Hotel and Lodging Association

Business Address 1250 I St. NW Suite 1100 Washington DC 20005 (STREET, CITY, STATE, ZIP CODE) Phone 202.289.3125

Estimated Duration of Employment with Organization 12 months

Number of membership if lobbying on behalf of members 24,000+

Description of the methods by which members develop and make decisions about positions on policy:
Policy guide available at: https://ahla.com/ahla-announces-2017-policy-guide

Description of type of legislation you expect to lobby on: Short Term Rental Regulation, LUO Amendments, Tourism, General Hotel and Lodging Industry Activities, Planning, Zoning, Public Works, Transportation, and General business, community, and policy matters affecting the members of AHLA.

SECTION II CERTIFICATION OF LOBBYIST

I hereby certify that the foregoing statements are true and correct.

SIGNATURE OF LOBBYIST

10-17-17
DATE

Subscribed and sworn to before me

This 17 day of October 2017

By: [signature]
NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

BENADETTE FRIAS NOTARY PUBLIC No. 14-343 STATE OF HAWAII

My commission expires: 11/02/2018

NOTARY CERTIFICATION ATTACHED

SECTION III AUTHORIZATION TO LOBBY

Name Michael Tray Flanagan VP State and Local Government Affairs
TITLE OF AUTHORIZING OFFICER

Name of Organization American Hotel & Lodging Association

I hereby authorize the above-named lobbyist to engage in lobbying activities on behalf of the undersigned.

SIGNATURE OF AUTHORIZING OFFICER

10/24/17
DATE

PLEASE RETAIN A COPY FOR YOUR RECORDS

Rev. 09/2016

BERNADETTE FRIAS
NOTARY PUBLIC
No. 14-343
STATE OF HAWAII

Doc. Date: 10-17-17 # Pages 1

Notary Name: Bernadette Frias First Circuit

Doc. Description Ethics Commission Lobbyist Registration Form

Notary Signature 10.17.17 Date

CITY AND COUNTY OF HONOLULU
ETHICS COMMISSION
LOBBYIST REGISTRATION FORM

01.19.18

HONOLULU ETHICS COMMISSION RECEIVED

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Separate applications must be filed if you lobby for pay or other consideration for more than one organization. (See back of this form for information.)

SECTION I LOBBYIST

NAME McClellan (LAST) William Henry (FIRST) Kekoa (MIDDLE)

Business Address 87855 C Farrington Hwy. Maili HI 96792 (STREET, CITY, STATE, ZIP CODE) Phone 8083937937

Email Address: Kekoamcclellan@gmail.com

EMPLOYER The McClellan Group, LLC

Business Address 87855 C Farrington Hwy. Maili HI 96792 (STREET, CITY, STATE, ZIP CODE) Phone 8083937937

ORGANIZATION LOBBYING FOR Park Hotels and Resorts, Inc.

Business Address 1600 Tysons Blvd. 10th Floor McLean VA 22102 (STREET, CITY, STATE, ZIP CODE) Phone 703.584.7979

Estimated Duration of Employment with Organization 12 months

Number of membership if lobbying on behalf of members N/A

Description of the methods by which members develop and make decisions about positions on policy:
N/A

Description of type of legislation you expect to lobby on: Zoning, planning and permitting legislation including but not limited to topics affecting the land use ordinance, the general plan, transportation, and various and sundry administrative rules relating to the departments of planning and permitting and design and construction.

SECTION II CERTIFICATION OF LOBBYIST

I hereby certify that the foregoing statements are true and correct.

SIGNATURE OF LOBBYIST

10-17-17
DATE

Subscribed and sworn to before me

This 17 day of October 2017

By: Bernadette Frias
NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires: 11-2-2018

NOTARY CERTIFICATION ATTACHED

BERNADETTE FRIAS NOTARY PUBLIC No. 14-343 STATE OF HAWAII

SECTION III AUTHORIZATION TO LOBBY

Name Thomas J Baltimore, Jr. President & CEO (TITLE OF AUTHORIZING OFFICER)

Name of Organization Park Intermediate Holdings LLC

I hereby authorize the above-named lobbyist to engage in lobbying activities on behalf of the undersigned.

SIGNATURE OF AUTHORIZING OFFICER

10/24/17
DATE

PLEASE RETAIN A COPY FOR YOUR RECORDS

Rev. 09/2016

BERNADETTE FRIAS
NOTARY PUBLIC
No. 14-343
STATE OF HAWAII

Ex 10-17-17

Doc. Date: ~~Ethics~~ # Pages 1

Notary Name: Bernadette Frias First Circuit

Doc. Description Ethics Commission Lobbyist Registration Form

Bernadette Frias 10-17-17

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 24 A11 :15

REGISTRATION

Lobbyist Registration
(Type or Print Clearly)

PART I LOBBYIST

NAME (Last) (First) (Middle)		TELEPHONE
MENON, ANI MARTIROSIAN		546-7334
MAILING ADDRESS (No. and Street or P.O Box) 1177 Bishop Street, Suite 15		FAX 546-8500 EMAIL ani.menon@hawaiiantel.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) Hawaiian Telcom, Inc.		TELEPHONE 546-7334
MAILING ADDRESS (No. and Street or P.O Box) 1177 Bishop Street, Suite 15		FAX 546-8500 EMAIL ani.menon@hawaiiantel.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96813

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Hawaiian Telcom, Inc.		546-7334
MAILING ADDRESS (No. and Street or P.O Box) 1177 Bishop Street, Suite 15		FAX 546-8500 EMAIL ani.menon@hawaiiantel.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96813
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		☒ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☒ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☐Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☐Housing	☐Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☐Public Health, Safety & Welfare	☐Tourism
☐Transportation	☐Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☒Other (indicate below): Technology; Telecommunications		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

LOBBYIST SIGNATURE

1/22/18
DATE

Subscribed and sworn to before me
This 22nd day of January, 2018.
By: Elaine R. Perry
NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS
ELAINE R. PERRY
My commission expires:
Sept. 5, 2020
"Notary certification on Reverse"

ELAINE R. PERRY NOTARY PUBLIC 95-362 STATE OF HAWAII

PART V AUTHORIZATION TO LOBBY

NAME John Komeiji	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Chief Administrative Officer and General Counsel	
NAME OF ORGANIZATION (if applicable) Hawaiian Telcom, Inc.		TELEPHONE 546-7834
MAILING ADDRESS (No. and Street or P.O Box) 1177 Bishop Street, Suite 17		FAX 546-8992 EMAIL john.komeiji@hawaiiantel.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96813

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

JAN 2 2 2018
(Date)

Rev. 12/2017

NOTE: This is a public document.

Doc Date: 1-22-18 # pages: 2

Name: ELAINE R. PERRY First Circuit

Doc. Description: Lobbyist Registration - HTI - Ani Mantrosian Menon

Elaine R. Perry 1-22-18

Signature Date

NOTARY CERTIFICATION

ELAINE R. PERRY NOTARY 95-362 PUBLIC STATE OF HAWAII

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)		TELEPHONE
MENON, ANI MARTIROSIAN		546-7334
MAILING ADDRESS (No. and Street or P.O Box) 1177 Bishop Street, Suite 15		FAX 546-8500 EMAIL ani.menon@hawaiiantel.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) Hawaiian Telcom, Inc.		TELEPHONE 546-7334
MAILING ADDRESS (No. and Street or P.O Box) 1177 Bishop Street, Suite 15		FAX 546-8500 EMAIL ani.menon@hawaiiantel.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96813

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Hawaiian Telcom Communications, Inc.		546-7334
MAILING ADDRESS (No. and Street or P.O Box) 1177 Bishop Street, Suite 15		FAX 546-8500 EMAIL ani.menon@hawaiiantel.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96813
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		☒ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☒ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☐Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☐Housing	☐Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☐Public Health, Safety & Welfare	☐Tourism
☐Transportation	☐Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☒Other (indicate below): Technology; Telecommunications		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

LOBBYIST SIGNATURE

1/22/18
DATE

Subscribed and sworn to before me
This 22nd day of January, 2018.
By: Elaine R. Perry
NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS
ELAINE R. PERRY
My commission expires:
Sept. 5, 2020
"Notary Certification Reverse"

PART V AUTHORIZATION TO LOBBY

NAME John Komeiji	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Chief Administrative Officer and General Counsel	
NAME OF ORGANIZATION (if applicable) Hawaiian Telcom, Inc.		TELEPHONE 546-7834
MAILING ADDRESS (No. and Street or P.O Box) 1177 Bishop Street, Suite 17		FAX 546-8992
		EMAIL john.komeiji@hawaiiantel.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96813

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

JAN 2 2 2018
(Date)

NOTE: This is a public document.

Doc Date: 1-22-18 # Pages: 2

Name: ELAINE R. PERRY First Circuit

Doc. Description: Ani Matinesian Menon - lobbyist Registration - HTCI

Elaine R. Perry 1-22-18

Signature Date

NOTARY CERTIFICATION

ELAINE R. PERRY NOTARY 95-362 PUBLIC STATE OF HAWAII

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)		TELEPHONE
MENON, ANI MARTIROSIAN		546-7334
MAILING ADDRESS (No. and Street or P.O Box) 1177 Bishop Street, Suite 15		FAX 546-8500 EMAIL ani.menon@hawaiiantel.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) Hawaiian Telcom, Inc.		TELEPHONE 546-7334
MAILING ADDRESS (No. and Street or P.O Box) 1177 Bishop Street, Suite 15		FAX 546-8500 EMAIL ani.menon@hawaiiantel.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96813

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Hawaiian Telcom Services Company, Inc.		546-7334
MAILING ADDRESS (No. and Street or P.O Box) 1177 Bishop Street, Suite 15		FAX 546-8500 EMAIL ani.menon@hawaiiantel.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96813
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		☒ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☒ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☐Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☐Housing	☐Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☐Public Health, Safety & Welfare	☐Tourism
☐Transportation	☐Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☒Other (indicate below): Technology; Telecommunications		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

LOBBYIST SIGNATURE

1/22/18
DATE

Subscribed and sworn to before me
This 22nd day of January, 2018
By: Elaine R. Perry
NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS
ELAINE R. PERRY
My commission expires:
Sept. 5, 2020

ELAINE R. PERRY NOTARY 93-362 PUBLIC STATE OF HAWAII

Notary Certification on Reverse

PART V AUTHORIZATION TO LOBBY

NAME John Komeiji	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Chief Administrative Officer and General Counsel	
NAME OF ORGANIZATION (if applicable) Hawaiian Telcom, Inc.		TELEPHONE 546-7834
MAILING ADDRESS (No. and Street or P.O Box) 1177 Bishop Street, Suite 17		FAX 546-8992 EMAIL john.komeiji@hawaiiantel.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96813

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

JAN 2 2 2018
(Date)

Rev. 12/2017

NOTE: This is a public document.

Doc Date: 1-22-18 # Pages: 2

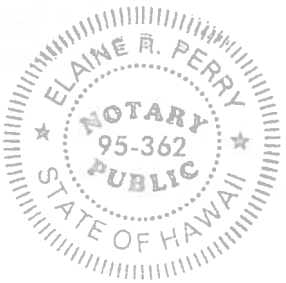
Name: ELAINE R. PERRY First Circuit

Doc. Description: Lobbyist Registration – HISCI – Ani Martirosian Menon

Elaine R. Perry 1-22-18

Signature Date

NOTARY CERTIFICATION



01·12·18

CITY AND COUNTY OF HONOLULU
ETHICS COMMISSION
LOBBYIST REGISTRATION FORM

HONOLULU ETHICS COMMISSION RECEIVED
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Separate applications must be filed if you lobby for pay or other consideration for more than one organization. (See back of this form for information.)

SECTION I LOBBYIST

NAME Middlebrook / Matthew /
(PRINT) LAST FIRST MIDDLE

Business Address c/o 2350 Kerner Blvd., Ste. 250, San Rafael, CA 94901 Phone (415) 389-6800
STREET, CITY, STATE, ZIP CODE

Email Address: airbnb@nmgovlaw.com

EMPLOYER Airbnb, Inc.

Business Address c/o 2350 Kerner Blvd., Ste. 250, San Rafael, CA 94901 Phone (415) 389-6800
STREET, CITY, STATE, ZIP CODE

ORGANIZATION LOBBYING FOR Airbnb, Inc.

Business Address c/o 2350 Kerner Blvd., Ste. 250, San Rafael, CA 94901 Phone (415) 389-6800
STREET, CITY, STATE, ZIP CODE

Estimated Duration of Employment with Organization Indefinite

Number of membership if lobbying on behalf of members N/A

Description of the methods by which members develop and make decisions about positions on policy:
N/A

Description of type of legislation you expect to lobby on: Short term rental regulation

SECTION II CERTIFICATION OF LOBBYIST

I hereby certify that the foregoing statements are true and correct.

SIGNATURE OF LOBBYIST

12/23/17
DATE

Subscribed and sworn to before me

This 23 day of DECEMBER, 2017.

By:
NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires: 12/12/2018

CRYSTAL ABURTO-LUMBRERAS
COMM. #2093245
NOTARY PUBLIC ●CALIFORNIA
San Francisco County
Commission Expires December 12, 2018

SECTION III AUTHORIZATION TO LOBBY

Name Joel Aurora Designated Agent for Filer
TITLE OF AUTHORIZING OFFICER

Name of Organization Airbnb, Inc.

I hereby authorize the above-named lobbyist to engage in lobbying activities on behalf of the undersigned.

SIGNATURE OF AUTHORIZING OFFICER

1/3/18
DATE

PLEASE RETAIN A COPY FOR YOUR RECORDS

Rev. 09/2016

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 25 A9:58

REGISTRATION

Lobbyist Registration
(Type or Print Clearly)

PART I LOBBYIST

NAME (Last) (First) (Middle) Mierzwa, Peggy		TELEPHONE 808-284-8569
MAILING ADDRESS (No. and Street or P.O Box) 1453 Akuleana Place		FAX
		EMAIL peggy.mierzwa@sharecare.com
(City) Kailua	(State) HI	(Zip Code) 96734
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) Sharecare (Blue Zones Project–Hawaii)		TELEPHONE 800-327-3822
MAILING ADDRESS (No. and Street or P.O Box) PO Box 12229		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96828
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		☒ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☒ n/a

PART II.B NO LONGER LOBBYING

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

Rev. 12/2017

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☒Business & Economic Development	☒Community Services	☐Customer Services
☐Culture & Arts	☒Housing	☒Public Works, Infrastructure & Sustainability
☒Parks & Recreation	☒Public Health, Safety & Welfare	☐Tourism
☒Transportation	☒Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

STATE OF HAWAII
CITY & COUNTY OF HONOLULU

I hereby certify that the foregoing statements are true and correct.

LOBBYIST SIGNATURE

January 23, 2018
DATE

Subscribed and sworn to before me
This 23rd day of January, 2018.

By: Nora Hajinetta
NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires:
May 2, 2020

PART V AUTHORIZATION TO LOBBY

NAME: Craig Petty	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED: Vice. President
NAME OF ORGANIZATION (if applicable): Sharecare. (Blue Zone Projects-Hawaii	TELEPHONE: 808.225.6105
MAILING ADDRESS (No. and Street or P.O Box): PO Box 12229	FAX:
	EMAIL: craig.petty@sharecare.com
(City): Honolulu (State): Hawaii	(Zip Code): 96828

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

1-22-18
(Date)

NOTE: This is a public document.

Rev. 12/2017

NOTARY PUBLIC CERTIFICATION

Nora Hajinelian First Judicial Circuit

Doc. Description: Lobbyist Registration
Honolulu Ethics commission

No. of Pages: 2 Date of Doc. 1/23/18

1/23/18

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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HONOLULU ETHICS COMMISSION RECEIVED
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01.12.18

REGISTRATION

Lobbyist Registration
(Type or Print Clearly)

PART I LOBBYIST

NAME (Last) (First) (Middle) MIRIKITANI, RICHARD K.		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 rmirikitani@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)		☒ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☒ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☐Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☒Housing	☐Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☐Public Health, Safety & Welfare	☐Tourism
☐Transportation	☒Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

LOBBYIST SIGNATURE

JAN - 5 2018

DATE

Subscribed and sworn to before me

This 5th day of January, 2018.

By: KYOKO PATOC, State of Hawaii

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires:

June 14, 2020

KYOKO PATOC NOTARY PUBLIC No. 96-313 STATE OF HAWAII

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

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

JAN - 5 2018

(Date)

KYOKO PATOC NOTARY PUBLIC No. 96-313 STATE OF HAWAII

NOTARY CERTIFICATION

No. Kyoko Patoc First Judicial Circuit

Doc. Description:

Doc. Date: 1/5/18 # Pages:

Notary Signature 1/5/18 Date

Rev. 12/2017

NOTE: This is a public document

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) MIRIKITANI, RICHARD K.		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 rmirikitani@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)		☒ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☒ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☐Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☒Housing	☐Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☐Public Health, Safety & Welfare	☐Tourism
☐Transportation	☒Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

LOBBYIST SIGNATURE

JAN - 5 2018
DATE

Subscribed and sworn to before me

This 5th day of January, 2018.

By: KYOKO PATOC, State of Hawaii
NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires:
June 14, 2020

KYOKO PATOC NOTARY PUBLIC No. 96-313 STATE OF HAWAII

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.

(Signature of Authorizing Officer or Person Represented)

JAN - 5 2018
(Date)

KYOKO PATOC NOTARY PUBLIC No. 96-313 STATE OF HAWAII

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

Rev. 12/2017

NOTE: This is a public document.

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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01-12-18

REGISTRATION

Lobbyist Registration
(Type or Print Clearly)

PART I LOBBYIST

NAME (Last) (First) (Middle) MIRIKITANI, RICHARD K.		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 rmirikitani@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)		☒ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☒ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☐Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☒Housing	☐Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☐Public Health, Safety & Welfare	☐Tourism
☐Transportation	☒Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

LOBBYIST SIGNATURE

JAN - 5 2018

DATE

Subscribed and sworn to before me

This 5th day of January, 2018.

By: KYOKO PATOC, State of Hawaii

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires:

June 14, 2020

KYOKO PATOC NOTARY PUBLIC No. 96-313 STATE OF HAWAII

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 hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

JAN - 5 2018

(Date)

KYOKO PATOC NOTARY PUBLIC No. 96-313 STATE OF HAWAII

NOTARY CERTIFICATION

Kyoko Patoc First Judicial Circuit

Doc. Description: Registration

Doc. Date: 1/5/18 # Pages: 2

Notary Signature 1/5/18 Date

Rev. 12/2017

NOTE: This is a public document.

CITY AND COUNTY OF HONOLULU
ETHICS COMMISSION
LOBBYIST REGISTRATION FORM

HONOLULU
ETHICS COMMISSION
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Separate applications must be filed if you lobby for pay or other consideration for more than one organization. (See back of this form for information.)

SECTION I LOBBYIST

NAME Morris (PRINT) LAST George "Red" FIRST A. MIDDLE

Business Address 222 S. Vineyard Street, Suite 401, Honolulu, HI 96813 (STREET, CITY, STATE, ZIP CODE) Phone (808) 531-4551

Email Address: gamorrisinc@gmail.com

EMPLOYER _____

Business Address _____ (STREET, CITY, STATE, ZIP CODE) Phone _____

ORGANIZATION LOBBYING FOR American Chemistry Council

Business Address 1121 L Street, Suite 609, Sacramento, CA 95814 (STREET, CITY, STATE, ZIP CODE) Phone (916) 448-2581

Estimated Duration of Employment with Organization Annually

Number of membership if lobbying on behalf of members 150

Description of the methods by which members develop and make decisions about positions on policy:
Policies are developed by a committee of company representatives.

Description of type of legislation you expect to lobby on: Polystyrene foam and plastic bags.

VALERIE N. TSUMI NOTARY PUBLIC No. 91-767 STATE OF HAWAII

SECTION II CERTIFICATION OF LOBBYIST

I hereby certify that the foregoing statements are true and correct.

SIGNATURE OF LOBBYIST

1/10/18
DATE

Subscribed and sworn to before me

This 10th day of January, 2018.

By: Valerie N. Tsumi
NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires: September 13, 2019

CERTIFICATION ON BACK

SECTION III AUTHORIZATION TO LOBBY

Name TIM SHESTEK Sr. DIRECTOR STATE AFFAIRS
TITLE OF AUTHORIZING OFFICER

Name of Organization AMERICAN CHEMISTRY COUNCIL

I hereby authorize the above-named lobbyist to engage in lobbying activities on behalf of the undersigned.

SIGNATURE OF AUTHORIZING OFFICER

1/8/18
DATE

PLEASE RETAIN A COPY FOR YOUR RECORDS

Rev. 09/2016

Signed

Doc. Date: 01/10/2018 # Pages 1

Notary Name: Valerie N. Tsutsumi First Circuit

Doc. Description D & O of Honolulu Ethics Commission - Lobbyist Registration Form

Valerie N. Tsutsumi 01/10/2018

Notary Signature Date

VALERIE N. TSUTSUMI
NOTARY PUBLIC
No. 91-762
STATE OF HAWAII

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

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

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HONOLULU
ETHICS COMMISSION
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REGISTRATION

Lobbyist Registration
(Type or Print Clearly)

PART I LOBBYIST

NAME (Last) (First) (Middle)		TELEPHONE
MURAKAMI, JAYLEN, E		(808) 591-6506
MAILING ADDRESS (No. and Street or P.O Box)		FAX
850 Richards St, suite 201		EMAIL jaylen@hiphi.org
(City) Honolulu	(State) HI	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
HAWAII PUBLIC HEALTH INSTITUTE		(808) 591-6508
MAILING ADDRESS (No. and Street or P.O Box)		FAX
850 RICHARDS ST, SUITE 201		EMAIL
(City) HONOLULU	(State) HI	(Zip Code) 96813
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS) 2,000 Non-paying members		☐ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS Policy priorities voted by Board of Directors priorities voted on by working group		☐ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☐Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☐Housing	☐Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☑Public Health, Safety & Welfare	☐Tourism
☐Transportation	☐Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☑Other (indicate below): HEALTH		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

jayler

LOBBYIST SIGNATURE

1/9/18

DATE

Subscribed and sworn to before me

This ____ day of JAN 09 2018, _____.

By: Clifton S. Kaneshiro

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires:

My Commission Expires: May 8, 2021

CLIFTON S. KANESHIRO NOTARY PUBLIC No. 05-271 STATE OF HAWAII

See attached Notary Certificate

PART V AUTHORIZATION TO LOBBY

NAME Jessica Yamauchi	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Executive Director	
NAME OF ORGANIZATION (if applicable) Hawaii Public Health Institute		TELEPHONE (808) 591-6508
MAILING ADDRESS (No. and Street or P.O Box) 850 Richards St., Suite 201		FAX EMAIL jessica@hiphi.org
(City) Honolulu	(State) HI	(Zip Code) 96813

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

Jessica Yamauchi

(Signature of Authorizing Officer or Person Represented) (Date)

Rev. 12/2017

NOTE: This is a public document.

Doc. Date: JAN 09 2018 # Pages: 2

Notary Name: Clifton S. Kaneshiro 5th Circuit

Doc. Description: Registration

(Stamp or Seal)

Notary Signature 1/09/2018 Date

CLIFTON S. KANESHIRO
NOTARY PUBLIC
No. 05-271
STATE OF HAWAII

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 10 P3:05

REGISTRATION

Lobbyist Registration
(Type or Print Clearly)

PART I LOBBYIST

NAME (Last) (First) (Middle)		TELEPHONE
Nakasone Dean T.		808-923-0407
MAILING ADDRESS (No. and Street or P.O Box) 2270 Kalakaua Avenue Suite 1702		FAX 808-924-3843
		EMAIL DNakasone@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)		TELEPHONE
Hawaii Lodging & Tourism Association		808-923-0407
MAILING ADDRESS (No. and Street or P.O Box) 2270 Kalakaua Avenue Suite 1702		FAX 808-924-3843
		EMAIL info@hawaiilodging.org
(City) Honolulu	(State) HI	(Zip Code) 96815
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS) 700 Members		☐ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS Commitee Meetings, Board of Directors Meetings		☐ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☒Business & Economic Development	☒Community Services	☒Customer Services
☒Culture & Arts	☒Housing	☒Public Works, Infrastructure & Sustainability
☒Parks & Recreation	☒Public Health, Safety & Welfare	☒Tourism
☒Transportation	☒Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

LOBBYIST SIGNATURE

1/9/18.

DATE

TENCEY L. OGAWA NOTARY PUBLIC No. 17-425 STATE OF HAWAII

Subscribed and sworn to before me

This 9th day of January, 2018.

By:

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

TENCEY L. OGAWA

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
		EMAIL mhannemann@hawaiilodging.org
(City) Honolulu	(State) HI	(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)

Rev. 12/2017

TENCEY L. OGAWA NOTARY PUBLIC No. 17-425 STATE OF HAWAII

NOTE: This is a public document.

UNDATED AT THE TIME OF NOTARY

Doc. Date: # Pages 2

Notary Name: Tencey L. Ogawa First Circuit

Doc. Description Registration

Notary Signature 01/09/2018 Date

1-16-18

CITY AND COUNTY OF HONOLULU
ETHICS COMMISSION
LOBBYIST REGISTRATION FORM

HONOLULU
ETHICS COMMISSION
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Separate applications must be filed if you lobby for pay or other consideration for more than one organization. (See back of this form for information.)

SECTION I LOBBYIST

NAME (PRINT) Nip (LAST) Celeste (FIRST) Y.K. (MIDDLE)

Business Address 222 S. Vineyard Street, Suite 401, Honolulu, HI 96813 (STREET, CITY, STATE, ZIP CODE) Phone (808) 531-4554

Email Address: nipfire@hawaii.rr.com

EMPLOYER

Business Address (STREET, CITY, STATE, ZIP CODE) Phone

ORGANIZATION LOBBYING FOR American Chemistry Council

Business Address 1121 L Street, Suite 609, Sacramento, CA 95814 (STREET, CITY, STATE, ZIP CODE) Phone (916) 448-2581

Estimated Duration of Employment with Organization Annually

Number of membership if lobbying on behalf of members 150

Description of the methods by which members develop and make decisions about positions on policy:
Policies are developed by a committee of company representatives.

Description of type of legislation you expect to lobby on: Polystyrene foam and plastic bags.

ROCHELE M. POPACA NOTARY PUBLIC Comm. No. 03-564 STATE OF HAWAII

Doc Description: City & County of Honolulu Ethics Commission Lobbyist Registration Form
No. Pages: One
Doc. Date: 1/12/18
First

SECTION II CERTIFICATION OF LOBBYIST

I hereby certify that the foregoing statements are true and correct.

Celeste Y.K. Nip
SIGNATURE OF LOBBYIST

1/12/18
DATE

Subscribed and sworn to before me this 12th day of January, 2018.

By: Rochele M. Popaca
NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires: SEP 28 2019

SECTION III AUTHORIZATION TO LOBBY

Name Tim Shestek — Sr. Director, State Affairs
TITLE OF AUTHORIZING OFFICER

Name of Organization American Chemistry Council

I hereby authorize the above-named lobbyist to engage in lobbying activities on behalf of the undersigned.

SIGNATURE OF AUTHORIZING OFFICER

1/8/18
DATE

PLEASE RETAIN A COPY FOR YOUR RECORDS

Rev. 09/2016

HONOLULU
ETHICS COMMISSION
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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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'18 JAN 10 P7:08

01.12.18

REGISTRATION

Lobbyist Registration
(Type or Print Clearly)

PART I LOBBYIST

NAME (Last) (First) (Middle)		TELEPHONE
ORMAN, LINDSAY E.		(808) 537-6100
MAILING ADDRESS (No. and Street or P.O Box) 733 BISHOP STREET, SUITE 1900		FAX (808) 537-5434 EMAIL lorman@starnlaw.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)		TELEPHONE
PARK HOTELS & RESORTS INC.		(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)		☒ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☒ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☐Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☐Housing	☐Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☐Public Health, Safety & Welfare	☒Tourism
☐Transportation	☒Zoning & Planning	☒Specific Legislation: Bill No. _____(Year)_____ Reso No. 17-303 (Year) 2017 Admin. Rule No. _____ Dept._____
☐Other (Indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

LOBBYIST SIGNATURE

January 4, 2018
DATE

Subscribed and sworn to before me

This 4th day of January, 2018

By: Bernadette G. Lee

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires: 6/29/2019

BERNADETTE A. LEE 95-235 STATE OF HAWAII

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Thomas J. Baltimore, Jr.	President & CEO	
NAME OF ORGANIZATION (If applicable) 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

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)

Rev. 12/2017

NOTE: This is a public document.

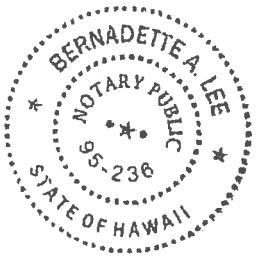
NOTARY CERTIFICATION STATEMENT

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

Document Description: City and County of Honolulu Ethics Commission Lobbyist Registration Form for Lindsay E. Orman (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

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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1-12-18

REGISTRATION

Lobbyist Registration
(Type or Print Clearly)

PART I LOBBYIST

NAME (Last) (First) (Middle)		TELEPHONE
OSHIMA, Alan M.		808-543-4800
MAILING ADDRESS (No. and Street or P.O Box) P. O. Box 2750		FAX 808-203-1500
		EMAIL alan.oshima@hawaiianelectric.co
(City) Honolulu	(State) Hawaii	(Zip Code) 96840
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)		TELEPHONE
Hawaiian Electric Company, Inc.		
MAILING ADDRESS (No. and Street or P.O Box) P. O. Box 2750		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96840
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		☒ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☒ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☐Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☐Housing	☒Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☐Public Health, Safety & Welfare	☐Tourism
☐Transportation	☐Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

LOBBYIST SIGNATURE

1/4/18
DATE

Subscribed and sworn to before me

This 4th day of January, 2018.

By: _____

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATH

My commission expires:
11/3/21

LESLIE IKEI NOTARY PUBLIC Comm. No. 13-380 STATE OF HAWAII

PART V AUTHORIZATION TO LOBBY

NAME Susan A. Li	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Senior Vice President and General Counsel	
NAME OF ORGANIZATION (if applicable) Hawaiian Electric Company, Inc.		TELEPHONE 808-543-4791
MAILING ADDRESS (No. and Street or P.O Box) P. O. Box 2750		FAX 808-203- EMAIL susan.li@hawaiianelectric.com
(City) Honolulu	(State) HI	(Zip Code) 96840

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

Susan Li
(Signature of Authorizing Officer or Person Represented)

1/9/18
(Date)

LESLIE IKEI NOTARY PUBLIC Comm. No. 13-380 STATE OF HAWAII

Doc. Date: 1/4/18 # Pages: 2
Name: Leslie Ikei 1st Circuit
Doc. Description: Honolulu Ethics Comm Lobbyist Registration
Notary Signature 1/4/18 Date
My Commission Expires 11/3/21

Rev. 12/2017

NOTE: This is a public document.

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 10 A11 :02

REGISTRATION

Lobbyist Registration
(Type or Print Clearly)

PART I LOBBYIST

NAME (Last) (First) (Middle)		TELEPHONE
Oshiro Paul T.		(808) 525-6640
MAILING ADDRESS (No. and Street or P.O Box) P. O. Box 3440		FAX (808) 525-6677
		EMAIL poshiro@abhi.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96801
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)		TELEPHONE
Alexander & Baldwin		(808) 525-6640
MAILING ADDRESS (No. and Street or P.O Box) P. O. Box 3440		FAX (808) 525-6677
		EMAIL poshiro@abhi.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96801
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		☒ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☒ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☒Business & Economic Development	☐Community Services	☐Customer Services
☒Culture & Arts	☒Housing	☒Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☐Public Health, Safety & Welfare	☐Tourism
☒Transportation	☒Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

LOBBYIST SIGNATURE

December 27, 2017
DATE

Subscribed and sworn to before me
This 27th day of December, 2017.
By: _____
NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS
CHERYL A. ONISHI
My commission expires:
APR 17 2021
(See Certification Below)

CHERYL A. ONISHI NOTARY PUBLIC 97-178 STATE OF HAWAII

PART V AUTHORIZATION TO LOBBY

NAME Nelson N.S. Chun	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Chief Legal Officer	
NAME OF ORGANIZATION (if applicable) Alexander & Baldwin		TELEPHONE (808) 525-6622
MAILING ADDRESS (No. and Street or P.O Box) P. O. Box 3440		FAX (808) 525-6677 EMAIL nchun@abhi.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96801

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

December 28, 2017
(Date)

Rev. 12/2017

NOTE: This is a public document.

Doc. Date: Undated # Pages: 2
Notary Name: Cheryl A. Onishi First Circuit
Doc. Description: Registration

Notary Signature 12/28/17 Date

NOTARY CERTIFICATION

CHERYL A. ONISHI NOTARY PUBLIC 97-178 STATE OF HAWAII

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)		TELEPHONE
Pavlicek, Melissa		808-447-1840
MAILING ADDRESS (No. and Street or P.O Box)		FAX
1099 Alakea Street, Suite 2530		EMAIL mpavlicek@hawaiipublicpolicy.co
(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
Hawaii Public Policy Advocates, LLC		808-447-1840
MAILING ADDRESS (No. and Street or P.O Box)		FAX
1099 Alakea Street, Suite 2530		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Schnitzer Steel Hawaii Corp		808-708-9714
MAILING ADDRESS (No. and Street or P.O Box)		FAX
91-056 Hanua Street		EMAIL
(City) Kapolei	(State) HI	(Zip Code) 96707
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		☒ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☒ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☒Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☐Housing	☒Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☐Public Health, Safety & Welfare	☐Tourism
☐Transportation	☐Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

Melissa Pavlica

LOBBYIST SIGNATURE

1-9-18

DATE

Subscribed and sworn to before me

This 9th day of January, 2018.

By: _____

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires:

9/18/2018

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Jennifer Hudson	Assistant General Counsel	
NAME OF ORGANIZATION (if applicable) Schnitzer Steel Hawaii Corp		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

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

Jennifer Hudson — 1-8-18

(Signature of Authorizing Officer or Person Represented) (Date)

NOTE: This is a public document.

Doc Date: 1/9/2018 # Pages: 2

Name: Charlotte Nakayama First Circuit

Doc. Description: Registration

Signature 1/9/2018 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) Pavlicek, Melissa		TELEPHONE 808-447-1840
MAILING ADDRESS (No. and Street or P.O Box) 1099 Alakea Street, Suite 2530		FAX EMAIL mpavlicek@hawaiipublicpolicy.co
(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 Public Policy Advocates, LLC		TELEPHONE 808-447-1840
MAILING ADDRESS (No. and Street or P.O Box) 1099 Alakea Street, Suite 2530		FAX EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Safeway		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box) 5918 Stoneridge Mall Road		FAX EMAIL
(City) Pleasanton	(State) CA	(Zip Code) 94588
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		☒ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☒ n/a

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☒Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☐Housing	☒Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☐Public Health, Safety & Welfare	☐Tourism
☐Transportation	☐Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

Melissa Pavia
LOBBYIST SIGNATURE

1/16/18
DATE

Subscribed and sworn to before me
This 16th day of January, 2018.
By: _____
NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires:
9/18/2018

PART V AUTHORIZATION TO LOBBY

NAME Wendy Gutshall	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Director, Public & Government Affairs	
NAME OF ORGANIZATION (if applicable) Safeway		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box) 5918 Stoneridge Mall Road		FAX EMAIL wendy.gutshall@safeway.com
(City) Pleasanton	(State) CA	(Zip Code) 94588

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

Wendy Gutshall — 1-11-18
(Signature of Authorizing Officer or Person Represented) (Date)

Rev. 12/2017

NOTE: This is a public document.

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) Peters, Shane, Hoaliku		TELEPHONE (808) 421-9879
MAILING ADDRESS (No. and Street or P.O Box) 3655 Kawelolani Place		FAX EMAIL shane@peters-comm.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96816
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) Peters Communications, LLC		TELEPHONE (808) 421-9879
MAILING ADDRESS (No. and Street or P.O Box) 3655 Kawelolani Place		FAX EMAIL shane@peters-comm.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96816

PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Airbnb, Inc.		TELEPHONE (415) 389-6800
MAILING ADDRESS (No. and Street or P.O Box) 2350 Kerner Blvd., Ste. 250		FAX EMAIL airbnb@nmgovlaw.com
(City) San Rafael	(State) California	(Zip Code) 94901
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		☑ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☑ n/a

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☐Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☐Housing	☐Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☐Public Health, Safety & Welfare	☑Tourism
☐Transportation	☑Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

LOBBYIST SIGNATURE

DATE 1/8/18

JAN - 9 2018

PAULA J. KANESHIRO

Registration

Notary Signature JAN - 9 2018 Date

Subscribed and sworn to before me

This _____ day of JAN - 9 2018, _____.

By: _____

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER NOTARY

My commission expires:
PAULA J. KANESHIRO
NOTARY PUBLIC FIRST JUDICIAL CIRCUIT
STATE OF HAWAII
COMMISSION EXPIRES 2/16/19

PAULA J. KANESHIRO NOTARY PUBLIC No. 99-82 STATE OF HAWAII

PART V AUTHORIZATION TO LOBBY

NAME Joel Aurora	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Designated Agent for Filer
NAME OF ORGANIZATION (if applicable) Airbnb, Inc	TELEPHONE (415)389-6800
MAILING ADDRESS (No. and Street or P.O Box) 2350 Kerner Blvd., Ste. 250	FAX (415)388-6874
	EMAIL airbnb@nmgovlaw.com
(City) San Rafael	(State) CA
	(Zip Code) 94901

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

1/4/18
(Date)

Rev. 12/2017

NOTE: This is a public document.

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)		TELEPHONE
Peters, Shane, Hoaliku		(808) 421-9879
MAILING ADDRESS (No. and Street or P.O Box)		FAX
3655 Kawelolani Place		EMAIL shane@peters-comm.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96816
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
Peters Communications, LLC		(808) 421-9879
MAILING ADDRESS (No. and Street or P.O Box)		FAX
3655 Kawelolani Place		EMAIL shane@peters-comm.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96816

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
American Chemistry Council		(916) 448-2581
MAILING ADDRESS (No. and Street or P.O Box)		FAX
1121 L Street, Suite 609		EMAIL lindsay_stovall@americanchemistry.com
(City) Sacramento	(State) California	(Zip Code) 95814
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		☒ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☒ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☐Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☐Housing	☑Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☐Public Health, Safety & Welfare	☐Tourism
☐Transportation	☐Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

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 _____ day of JAN - 9 2018.

By: _____
NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires:
PAULA J. KANESHIRO
NOTARY PUBLIC FIRST JUDICIAL CIRCUIT
STATE OF HAWAII
COMMISSION EXPIRES 2/16/19

PAULA J. KANESHIRO NOTARY PUBLIC No. 99-82 STATE OF HAWAII

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Lindsay Stovall	Manager, State Affairs	
NAME OF ORGANIZATION (if applicable) American Chemistry Council		TELEPHONE (916) 448-2581
MAILING ADDRESS (No. and Street or P.O Box) 1121 L Street, Suite 609		FAX EMAIL lindsay_stovall@americanchemistry.com
(City) Sacramento	(State) California	(Zip Code) 95814

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)

Rev. 12/2017

NOTE: This is a public document.

PAULA J. KANESHIRO NOTARY PUBLIC No. 99-82 STATE OF HAWAII

Doc. Date: JAN - 9 2018 # Pages: 3
Notary Name: PAULA J. KANESHIRO First Circuit
Doc. Description: Registration

JAN - 9 2018
Notary Signature Date

CITY AND COUNTY OF HONOLULU
ETHICS COMMISSION
LOBBYIST REGISTRATION FORM

01.12.18

Separate applications must be filed if you lobby for pay or other consideration for more than one organization. (See back of this form for information.)

HONOLULU ETHICS COMMISSION RECEIVED '18 JAN -9 P3:00

SECTION I LOBBYIST

NAME Rolf (LAST) David (FIRST) Henry (MIDDLE)

Business Address 1100 Alakea Su. 2601 Hon. Hi. 96813 (STREET, CITY, STATE, ZIP CODE) Phone 808 593-0031

EMPLOYER Rolf Advertising

Business Address 1100 Alakea Su. 2601 Hon. Hi. 96813 (STREET, CITY, STATE, ZIP CODE) Phone 808 593-1533

ORGANIZATION LOBBYING FOR Hawaii Automobile Dealers Association

Business Address 1100 Alakea St. Su. 2601 Hon. Hi. 96813 (STREET, CITY, STATE, ZIP CODE) Phone 808 593-0031

Estimated Duration of Employment with Organization 18 years

Number of membership if lobbying on behalf of members 30 dealer members

Description of the methods by which members develop and make decisions about positions on policy:
Board of directors sets policy.and exec. comm. sets in interim

Description of type of legislation you expect to lobby on:
Transportation, Electronic Vehicle Registration. DMV issues

SECTION II CERTIFICATION OF LOBBYIST

I hereby certify that the foregoing statements are true and correct.

David H. Rolf
SIGNATURE OF LOBBYIST

Jan. 9, 2018
DATE

Subscribed and sworn to before me

This 9th day of January, 2018.

By: Raynette Kalani
NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

RAYNETTE KALANI
My commission expires: 6/12/2020

SECTION III AUTHORIZATION TO LOBBY

Name KENNETH CHING — TRES
TITLE OF AUTHORIZING OFFICER

Name of Organization HADA

I hereby authorize the above-named lobbyist to engage in lobbying activities on behalf of the undersigned.

Kenneth Ching
SIGNATURE OF AUTHORIZING OFFICER

1/9/18
DATE

RAYNETTE KALANI NOTARY 16-207 PUBLIC STATE OF HAWAII

PLEASE RETAIN A COPY FOR YOUR RECORDS

" NOTARY CERTIFICATION BACK PAGE "

Doc. Date: 11/9/2018 # Pages: 1

Notary Name: RAYNETTE KALANI 1ST Circuit

Doc. Description: LOB34.1ST REG. FORM.

Raynette Kalani 11/9/2018

Notary Signature Date

COMM EXP 6/12/2020

RAYNETTE KALANI NOTARY 16-207 PUBLIC STATE OF HAWAII

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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1.22.18

REGISTRATION

Lobbyist Registration
(Type or Print Clearly)

PART I LOBBYIST

NAME (Last) (First) (Middle)		TELEPHONE
Sabas, John R.		808.523.2500
MAILING ADDRESS (No. and Street or P.O Box) 1001 Bishop Street, Suite 2100		FAX 808.523-0842
		EMAIL jsabas@carlsmith.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) Carlsmith Ball LLP		TELEPHONE 808.523-2500
MAILING ADDRESS (No. and Street or P.O Box) 1001 Bishop Street, Suite 2100		FAX 808.523.0842
		EMAIL jsabas@carlsmith.com
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) GGP Ala Moana L.L.C. (General Growth Properties, Inc.)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box) c/o General Growth Properties, Inc. 110 N. Wacker Drive		FAX
		EMAIL
(City) Chicago	(State) IL	(Zip Code) 60606
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		[X] n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		[X] n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☐Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☒Housing	☐Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☐Public Health, Safety & Welfare	☐Tourism
☐Transportation	☒Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

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

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

LOBBYIST SIGNATURE

JAN 2 2 2018
DATE

Subscribed and sworn to before me
This 22nd day of JANUARY, 2018.
By: Rodney S. Nagasako
NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS
Rodney S. Nagasako
My commission expires:
SEP 0 5 2018

RODNEY S. NAGASAKO NOTARY PUBLIC No. 10-288 STATE OF HAWAII

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Adam Tritt	VP Development	
NAME OF ORGANIZATION (if applicable) GGP Ala Moana L.L.C. (General Growth Properties, Inc.)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box) c/o General Growth Properties, Inc. 110 N. Wacker Drive		FAX EMAIL
(City) Chicago	(State) IL	(Zip Code) 60606

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

1/22/18
(Date)

Rev. 12/2017

RODNEY S. NAGASAKO NOTARY PUBLIC No. 10-288 STATE OF HAWAII

NOTARY PUBLIC CERTIFICATION
Rodney S. Nagasako 1st Judicial Circuit
Doc. Description: REGISTRATION - LOBBYIST REGISTRATION
NOTE: This is a public document.
No. of Pages: 2 Date of Doc. JAN 2 2 2018
Rodney S. Nagasako JAN 2 2 2018
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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ETHICS COMMISSION
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REGISTRATION

Lobbyist Registration
(Type or Print Clearly)

PART I LOBBYIST

NAME (Last) (First) (Middle) SABAS JOHN R.		TELEPHONE 808 523 2500
MAILING ADDRESS (No. and Street or P.O Box) 1001 Bishop Street, Suite 2100		FAX 808.523.0842 EMAIL jsabas@carlsmith.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) CARLSMITH BALL LLP		TELEPHONE 808.523.2500
MAILING ADDRESS (No. and Street or P.O Box) 1001 Bishop Street, Suite 2100		FAX 808.523.0845 EMAIL jsabas@carlsmith.com
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) ARTSPACE PROJECTS, INC.		TELEPHONE 612.889.3905
MAILING ADDRESS (No. and Street or P.O Box) 250 Third Avenue North, Suite 400		FAX EMAIL
(City) Minneapolis	(State) MN	(Zip Code) 55401
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		☒ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☒ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☐Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☒Housing	☐Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☐Public Health, Safety & Welfare	☐Tourism
☐Transportation	☒Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

LOBBYIST SIGNATURE

JAN 0 8 2018

DATE

Subscribed and sworn to before me

This 8TH day of JANUARY, 2018.

By: Rodney S. Nagasako

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

Rodney S. Nagasako

My commission expires.

SEP 0 5 2018

RODNEY S. NAGASAKO NOTARY PUBLIC No. 10-286 STATE OF HAWAII

PART V AUTHORIZATION TO LOBBY

NAME GREGORY HANDBERG	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Vice President	
NAME OF ORGANIZATION (if applicable) ARTSPACE PROJECTS, INC.		TELEPHONE 612.889.3905
MAILING ADDRESS (No. and Street or P.O Box) 250 Third Avenue North, Suite 400		FAX EMAIL
(City) Minneapolis	(State) MN	(Zip Code) 55401

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)

Rev. 12/2017

NOTE: This is a public document.

RODNEY S. NAGASAKO NOTARY PUBLIC No. 10-286 STATE OF HAWAII

NOTARY PUBLIC CERTIFICATION

Rodney S. Nagasako 1ST Judicial Circuit

Doc. Description: REGISTRATION - LOBBYIST REGISTRATION

No. of Pages: 2 Date of Doc JAN 0 8 2018

Rodney S. Nagasako JAN 0 8 2018

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)		TELEPHONE
Sadoski Benjamin Charles		808-941-2141
MAILING ADDRESS (No. and Street or P.O Box) 1516 South King Street		FAX 808-941-2166
		EMAIL bsadoski@5.unitehere.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)		TELEPHONE
UNITE HERE Local 5		808-941-214
MAILING ADDRESS (No. and Street or P.O Box) 1516 South King Street		FAX 808-941-2166
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96826
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS) 11,000		☐ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS Per methods laid out in the UNITE HERE Local 5 bylaws		☐ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☒Business & Economic Development	☒Community Services	☒Customer Services
☒Culture & Arts	☒Housing	☒Public Works, Infrastructure & Sustainability
☒Parks & Recreation	☒Public Health, Safety & Welfare	☒Tourism
☒Transportation	☒Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☒Other (indicate below): Any and all, but primarily: land use, hotel industry, development projects, workers' issues, housing, taxation, vacation rentals		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

LOBBYIST SIGNATURE

1/4/18
DATE

STATE OF Hawai'i
County of Honolulu)
Subscribed and sworn to before me

This 4th day of January, 2018.

By: Susan E Milton
NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires:

March 15, 2021

SUSAN E. MILTON NOTARY PUBLIC No. 09-82 STATE OF HAWAII

PART V AUTHORIZATION TO LOBBY

NAME Eric Gill	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Financial Secretary-Treasurer	
NAME OF ORGANIZATION (if applicable) UNITE HERE Local 5		TELEPHONE 808-941-2141
MAILING ADDRESS (No. and Street or P.O Box) 1516 South King Street		FAX 808-941-2166
		EMAIL egill@5.unitehere.org
(City) Honolulu	(State) HI	(Zip Code) 96826

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

1-4-18
(Date)

Doc. Date: 12/2017 # Pages 2
Notary Name: Susan E. Milton 1st Circui
Doc. Description Registration (Lobbyist Registration)

Notary Signature 1/4/18 Date

Rev. 12/2017

NOTE: This is a public document.

SUSAN E. MILTON NOTARY PUBLIC No. 09-82 STATE OF HAWAII

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)		TELEPHONE
Sakamoto-Lee, Stefanie		(808) 524-4155
MAILING ADDRESS (No. and Street or P.O Box) 1000 Bishop Street, Suite 503		FAX EMAIL stef@sakamotoconsulting.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) BT Consulting, Inc. dba Advocates		TELEPHONE (808) 524-4155
MAILING ADDRESS (No. and Street or P.O Box) 1000 Bishop Street, Suite 503		FAX EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Uber Technologies		
MAILING ADDRESS (No. and Street or P.O Box) 1455 Market Street, #400		FAX EMAIL
(City) San Francisco	(State) CA	(Zip Code) 94103
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		☐ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☒ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☐Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☐Housing	☐Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☐Public Health, Safety & Welfare	☐Tourism
☒Transportation	☐Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

LOBBYIST SIGNATURE

1/11/18
DATE

Subscribed and sworn to before me

This 11th day of January, 2018.

By:

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

Anthony F. Chun

My commission expires:

SEP - 7 2018 Anthony F. Chun

ANTHONY F. CHUN NOTARY PUBLIC 98-449 STATE OF HAWAII

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
NAME OF ORGANIZATION (if applicable)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented) (Date)

NOTE: This is a public document.

Doc Date: 1/11/18 # Pages: 2
Name: Anthony F. Chun (First) Circuit
Doc. Description: Registration

Signature 1/11/18 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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REGISTRATION

Lobbyist Registration
(Type or Print Clearly)

PART I LOBBYIST

NAME (Last) (First) (Middle) SAUNDERS, HARRY A.		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 HAWAII		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

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)		☒ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☒ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☒Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☒Housing	☐Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☐Public Health, Safety & Welfare	☐Tourism
☐Transportation	☒Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

LOBBYIST SIGNATURE

JAN - 5 2018
DATE

Subscribed and sworn to before me

This 5th day of January, 2018.

By: KYOKO PATOC, State of Hawaii
NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires:

June 14, 2020

KYOKO PATOC NOTARY PUBLIC No. 96-313 STATE OF HAWAII

PART V AUTHORIZATION TO LOBBY

NAME TROY T. FUKUHARA	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED VICE PRESIDENT AND ASSISTANT SECRETARY	
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 tfukuhara@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.

(Signature of Authorizing Officer or Person Represented)

JAN - 5 2018
(Date)

KYOKO PATOC NOTARY PUBLIC No. 96-313 STATE OF HAWAII

NOTARY CERTIFICATION

Kyoko Patoc — First Judicial Circuit

Doc. Description: Registration

Doc. Date: 1/5/18 # Pages: 2

Notary Signature — Date 1/5/18

Rev. 12/2017

NOTE: This is a public document.

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) SAUNDERS, HARRY A.		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 HAWAII		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

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)		☒ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☒ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☒Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☒Housing	☐Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☐Public Health, Safety & Welfare	☐Tourism
☐Transportation	☒Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

LOBBYIST SIGNATURE

JAN - 5 2018

DATE

Subscribed and sworn to before me

This 5th day of January, 2018.

By: KYOKO PATOC, State of Hawaii

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires:

June 14, 2020

KYOKO PATOC NOTARY PUBLIC No. 96-313 STATE OF HAWAII

PART V AUTHORIZATION TO LOBBY

NAME TROY T. FUKUHARA	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED VICE PRESIDENT AND ASSISTANT SECRETARY	
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 tfukuhara@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.

(Signature of Authorizing Officer or Person Represented)

JAN - 5 2018

(Date)

KYOKO PATOC NOTARY PUBLIC No. 96-313 STATE OF HAWAII

NOTARY CERTIFICATION

Kyoko Patoc First Judicial Circuit

Doc. Description: Registration

Doc. Date: 1/5/18 # Pages: 2

Notary Signature 1/5/18 Date

Rev. 12/2017

NOTE: This is a public document.

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) SAUNDERS, HARRY A.		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 HAWAII		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

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)		☒ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☒ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☒Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☒Housing	☐Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☐Public Health, Safety & Welfare	☐Tourism
☐Transportation	☒Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

LOBBYIST SIGNATURE

JAN - 5 2018
DATE

Subscribed and sworn to before me

This 5th day of January, 2018.

By: KYOKO PATOC, State of Hawaii
NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires: June 14, 2020

KYOKO PATOC NOTARY PUBLIC No. 96-313 STATE OF HAWAII

PART V AUTHORIZATION TO LOBBY

NAME TROY T. FUKUHARA	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED VICE PRESIDENT AND ASSISTANT SECRETARY	
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 tfukuhara@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.

(Signature of Authorizing Officer or Person Represented)

JAN - 5 2018
(Date)

KYOKO PATOC NOTARY PUBLIC No. 96-313 STATE OF HAWAII

NOTARY CERTIFICATION
Kyoko Patoc
Doc. Description: Registration
Doc. Date: 1/5/18
Pages: 2
Notary Signature
1/5/18
Date

Rev. 12/2017

NOTE: This is a public document.

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)		TELEPHONE
SEU, Scott W. H.		808-543-4805
MAILING ADDRESS (No. and Street or P.O Box) P. O. Box 2750		FAX 808-203-1355
		EMAIL scott.seu@hawaianelectric.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96840
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)		TELEPHONE
Hawaiian Electric Company, Inc.		
MAILING ADDRESS (No. and Street or P.O Box) P. O. Box 2750		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96840
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		☒ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☒ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☐Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☐Housing	☒Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☐Public Health, Safety & Welfare	☐Tourism
☐Transportation	☐Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

LOBBYIST SIGNATURE

1/4/18
DATE

Subscribed and sworn to before me

This 4th day of January, 2018.

By:

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

LESLIE IKEI NOTARY PUBLIC Comm. No. 13-380 STATE OF HAWAII

My commission expires:

11/3/21

PART V AUTHORIZATION TO LOBBY

NAME Susan A. Li	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Senior Vice President and General Counsel	
NAME OF ORGANIZATION (if applicable) Hawaiian Electric Company, Inc.		TELEPHONE 808-543-4791
MAILING ADDRESS (No. and Street or P.O Box) P. O. Box 2750		FAX 808-203- EMAIL susan.li@hawaiianelectric.com
(City) Honolulu	(State) HI	(Zip Code) 96840

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

Susan A. Li
(Signature of Authorizing Officer or Person Represented)

1/9/18
(Date)

Rev. 12/2017

NOTE: This is a public document.

LESLIE IKEI NOTARY PUBLIC Comm. No. 13-380 STATE OF HAWAII

Doc. Date: 1/4/18 # Pages: 2
Name: Leslie Ikei 1st Circuit
Doc. Description: Honolulu Ethics Comm. Lobbyist Registration

Notary Signature 1/4/18 Date

My Commission Expires 11/3/21

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)		TELEPHONE
Slovin Gary M.		(808) 539-0400
MAILING ADDRESS (No. and Street or P.O Box) 999 Bishop Street, Suite 1400		FAX (808) 533-4945
		EMAIL gslovin@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 gslovin@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)		☒ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☒ n/a

PART II.B NO LONGER LOBBYING

☒ I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE 01/09/2018

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☐Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☐Housing	☐Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☐Public Health, Safety & Welfare	☒Tourism
☐Transportation	☐Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

Gary M. Slom

LOBBYIST SIGNATURE

1-9-2018

DATE

Subscribed and sworn to before me

This 9th day of January, 2018.

By: Ulani R. Souza

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

ULANI R. SOUZA NOTARY 92-187 PUBLIC STATE OF HAWAII

My commission expires:

March 24, 2020

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
NAME OF ORGANIZATION (if applicable)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented) (Date)

Rev. 12/2017

NOTE: This is a public document.

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) Sword, Max J		TELEPHONE 808 927 3700
MAILING ADDRESS (No. and Street or P.O Box) P.O. Box 22782		FAX EMAIL mswordconsulting@aol.com
(City) Honolulu	(State) HI	(Zip Code) 96823
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) Max J Sword & Associates		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box) P.O. Box 22782.		FAX EMAIL mswordconsulting@aol.com
(City) Honolulu	(State) HI	(Zip Code) 96823

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Outrigger Enterprises Group		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box) 2375 Kuhio Ave.		FAX EMAIL ed.case@outrigger.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96815
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		☒ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☒ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☒Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☐Housing	☒Public Works, Infrastructure & Sustainability
☒Parks & Recreation	☒Public Health, Safety & Welfare	☒Tourism
☒Transportation	☒Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

Max J Sword

LOBBYIST SIGNATURE

1/5/18

DATE

Subscribed and sworn to before me

This _____ day of _____.

By:

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires:

See attached Notary Certificate 1/18/18 dd

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Ed Case	Chief Legal Officer	
NAME OF ORGANIZATION (if applicable) Outrigger Enterprises Group		TELEPHONE 808 921 6616
MAILING ADDRESS (No. and Street or P.O Box) 2375 Kuhio Ave.		FAX EMAIL ed.case@outrigger.com
(City) Honolulu	(State) Hawaii	(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)

Rev. 12/2017

NOTE: This is a public document.

STATE OF HAWAII)
)
CITY AND COUNTY OF HONOLULU)

Subscribed and sworn to before me this 18th day of January, 2018

by Max J. Sword

Dorinda Dunlap
Notary Public, State of Hawaii
Dorinda Dunlap

DORINDA DUNLAP NOTARY 2000-437 PUBLIC STATE OF HAWAII

My commission expires September 15, 2020

NOTARY CERTIFICATION STATEMENT

Doc. Date: January 5, 2018 No. of Pages: 1+ notary page

Dorinda Dunlap Jurisdiction: First Circuit
Printed Name of Notary

DORINDA DUNLAP NOTARY 2000-437 PUBLIC STATE OF HAWAII

Document Identification or Description: Honolulu Ethics Commission Lobbyist Registration

Dorinda Dunlap January 18, 2018
Signature of Notary Date of Notarization and Certification Statement

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)		TELEPHONE
Takaaze, Melissa K.		(808) 554-2798
MAILING ADDRESS (No. and Street or P.O Box)		FAX
P.O. Box 38196		EMAIL m.takaaze@gmail.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96837
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
MK Pacific Consulting, LLC		see above
MAILING ADDRESS (No. and Street or P.O Box)		FAX
see above		EMAIL see above
(City)	(State)	(Zip Code)

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Hawaii Food Industry Association		
MAILING ADDRESS (No. and Street or P.O Box)		FAX
1050 Bishop St., PMB 235		EMAIL
(City) Honolulu	(State) Hawaii	(Zip Code) 96813
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		☐ n/a
200		
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☐ n/a
HFIA has a board of directors and a gov't relations committee		

PART II.B NO LONGER LOBBYING

☒ I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE 01/08/2018

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

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

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

Melissa Takaaze
LOBBYIST SIGNATURE

01/08/18
DATE

Subscribed and sworn to before me

This _____ day of JAN 08 2018, _____.

By: _____
NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires:
JUN 11 2021

JASON H. S. HATORI NOTARY PUBLIC No. 17-147 STATE OF HAWAII

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
NAME OF ORGANIZATION (if applicable)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)		FAX EMAIL
(City)	(State)	(Zip Code)

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

_____ _____
(Signature of Authorizing Officer or Person Represented) (Date)

Rev. 12/2017

NOTE: This is a public document.

JASON H. S. HATORI NOTARY PUBLIC No. 17-147 STATE OF HAWAII

Doc. Date: JAN 08 2018 # Pages 2

Notary Name: Jason H.S. Hatori First Circuit

Doc. Description: Registration

_____ JAN 08 2018
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) Takemoto, Alan, T.		TELEPHONE 685-8371
MAILING ADDRESS (No. and Street or P.O Box) P.O. Box 200 94-520 Kunia Rd.		FAX 685-8365
		EMAIL alan.takemoto@monsanto.com
(City) Kunia	(State) Hawaii	(Zip Code) 96759
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) Monsanto Company		TELEPHONE 685-8371
MAILING ADDRESS (No. and Street or P.O Box) P.O. Box 200 94-520 Kunia Rd.		FAX 685-8365
		EMAIL
(City) Kunia	(State) Hawaii	(Zip Code) 96759
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		☐ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☐ n/a

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☒Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☐Housing	☒Public Works, Infrastructure & Sustainability
☒Parks & Recreation	☒Public Health, Safety & Welfare	☐Tourism
☐Transportation	☒Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

Alan Takemoto
LOBBYIST SIGNATURE

01/02/18
DATE

Subscribed and sworn to before me

This 4th day of January, 2018.

By: Jerilyn P. Weber
NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires:
My commission expires November 9, 2021

JERILYN P WEBER NOTARY No. 09-466 NOTARY PUBLIC STATE OF HAWAII

PART V AUTHORIZATION TO LOBBY

NAME George Gough	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED director, Government Affairs	
NAME OF ORGANIZATION (if applicable) Monsanto Company		TELEPHONE (530) 669-6002
MAILING ADDRESS (No. and Street or P.O Box) 37437 State Highway 16		FAX 530) 406-6549
		EMAIL george.n.gough@monsanto.com
(City) Woodland	(State) CA	(Zip Code) 95695

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

1/5/2018
(Date)

Rev. 12/2017

NOTE: This is a public document.

Hawaii Document Stamp

Doc. Date: 1-4-2018	# Pages: 0
Notary Name: Jerilyn P. Weber	1st Circuit
Doc. Description: Registration Lobbyist Registration	
Notary Signature	1/4/18 Date

JERILYN P WEBER NOTARY No. 09-466 PUBLIC STATE OF HAWAII

My commission expires November 8, 2021

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

TEL: (808) 768-9242 FAX: (808) 768-7768
Email: ethics@honolulu.gov
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REGISTRATION

Lobbyist Registration
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PART I LOBBYIST

NAME (Last) (First) (Middle)		TELEPHONE
Tam, Sharené A.S.		8086899611
MAILING ADDRESS (No. and Street or P.O Box) 91-1001 Kaimalie Street #205		FAX 8086895757
		EMAIL stam@haseko.com
(City) Ewa Beach	(State) HI	(Zip Code) 96706
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)		TELEPHONE
Haseko (Ewa), Inc., Haseko Development, Inc.		8086899611
MAILING ADDRESS (No. and Street or P.O Box) 91-1001 Kaimalie Street		FAX 8086895757
		EMAIL stam@haseko.com
(City) Ewa Beach	(State) HI	(Zip Code) 96706
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		☒ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☒ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☐Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☐Housing	☐Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☐Public Health, Safety & Welfare	☐Tourism
☐Transportation	☒Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

LOBBYIST SIGNATURE

01/10/2018
DATE

Subscribed and sworn to before me

This 10th day of January, 2018.

By: Nobuko S. Holyfield

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

Nobuko S. Holyfield

My commission expires:

11/29/2019

NOBUKO S. HOLYFIELD NOTARY 95-470 PUBLIC STATE OF HAWAII

PART V AUTHORIZATION TO LOBBY

NAME Tsutomu Sagawa	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President	
NAME OF ORGANIZATION (if applicable) Haseko (Ewa), Inc.		TELEPHONE 8086897772
MAILING ADDRESS (No. and Street or P.O Box) 91-1001 Kaimalie Street #205		FAX 8086895757 EMAIL
(City) Ewa Beach	(State) HI	(Zip Code) 96706

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)

NOTE: This is a public document.

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)		TELEPHONE
Tanida Corié I.		(808) 275-6275
MAILING ADDRESS (No. and Street or P.O Box) 307A Kamani St.		FAX EMAIL ctanida@commoncause.org
(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) Common Cause		TELEPHONE (202) 833-1200
MAILING ADDRESS (No. and Street or P.O Box) 805 15th Street, NW, Suite 800		FAX EMAIL
(City) Washington DC	(State)	(Zip Code) 20005

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Common Cause Hawaii		(808) 275-6275
MAILING ADDRESS (No. and Street or P.O Box) 307A Kamani St.		FAX EMAIL hawaii@commoncause.org
(City) Honolulu	(State) Hawaii	(Zip Code) 96813
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS) 5,000		☐ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☒ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☐Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☐Housing	☐Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☐Public Health, Safety & Welfare	☐Tourism
☐Transportation	☐Zoning & Planning	☒Specific Legislation: Bill No. 90 (Year) 2017 Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
☒Other (indicate below): Good government issues - ethics, money in politics, transparency, etc.		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

LOBBYIST SIGNATURE

1/8/18
DATE

Subscribed and sworn to before me

This 8th day of January 2018

By: RANDALL N. OKAMOTO

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires:
1/07/2018

RANDALL N. OKAMOTO NOTARY PUBLIC No. 86-586 STATE OF HAWAII

PART V AUTHORIZATION TO LOBBY

NAME Marilyn Carpinteyro	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Director for State Operations	
NAME OF ORGANIZATION (if applicable) Common Cause		TELEPHONE 202-736-5737
MAILING ADDRESS (No. and Street or P.O Box) 805 15th Street NW, Suite 800		FAX EMAIL mcarpinteyro@commoncause.org
(City) Washington	(State) DC	(Zip Code) 20005

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

5/2018
(Date)

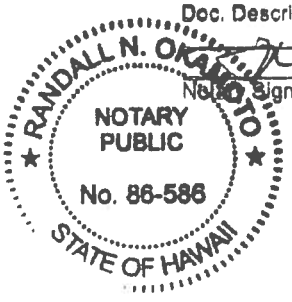
Rev. 12/2017

NOTE: This is a public document.

Back

NOTARY CERTIFICATE ON NEXT PAGE

Doc. Date: _____ # Pages 2
Notary Name: RANDALL N. OKAMOTO First Circuit
Doc. Description Registration



Notary Signature 11/8/2018
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)		TELEPHONE
Taniguchi, Chad, Ken		8082558271
MAILING ADDRESS (No. and Street or P.O Box)		FAX 808 735 7989
3442 Waialae Ave #1		EMAIL chad@hbl.org
(City) Honolulu	(State) HI	(Zip Code) 96816
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)		TELEPHONE
Hawaii Bicycling League		8082558271
MAILING ADDRESS (No. and Street or P.O Box)		FAX 808 735 7989
3442 Waialae Ave #1		EMAIL chad@hbl.org
(City)	(State)	(Zip Code) 96816
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		☒ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☒ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☐Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☐Housing	☐Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☑Public Health, Safety & Welfare	☐Tourism
☑Transportation	☐Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

Chad Taniguchi

LOBBYIST SIGNATURE

12/27/17

DATE

Subscribed and sworn to before me

This 27th day of December, 2017.

By: Alana K.M. Taniguchi

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires:

1-1-2020

ALANA K.M. TANIGUCHI NOTARY PUBLIC Comm. No. 12-22 STATE OF HAWAII

PART V AUTHORIZATION TO LOBBY

NAME Chad Taniguchi	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Executive Director
NAME OF ORGANIZATION (if applicable) Hawaii Bicycling League	TELEPHONE 808 255-8271
MAILING ADDRESS (No. and Street or P.O Box) 3442 Waialae Ave #1	FAX 808 735-7989
	EMAIL chad@hbl.org
(City) Honolulu / (State) HI	(Zip Code) 96816

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

Chad Taniguchi — 12/27/17

(Signature of Authorizing Officer or Person Represented) (Date)

NOTARY PUBLIC CERTIFICATION

Document Date: 12-27-17 **# pgs :** 2

Notary Name: Alana K.M. Taniguchi **First Circuit**

Doc. Description: registration

NOTE: This is a public document.

Alana K.M. Taniguchi — 12-27-17

Notary Signature **Date**

ALANA K.M. TANIGUCHI NOTARY PUBLIC Comm. No. 12-22 STATE OF HAWAII

Rev. 12/2017

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)		TELEPHONE
Thornton, Gavin, Keith		808-587-7605
MAILING ADDRESS (No. and Street or P.O Box) 119 Merchant Street, Ste. 605A		FAX EMAIL gavin@hiappleseed.org
(City) Honolulu	(State) HI	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)		FAX EMAIL
(City)	(State)	(Zip Code)

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Hawaii Appleseed Center for Law & Economic Justice		808-587-7605
MAILING ADDRESS (No. and Street or P.O Box) 119 Merchant Street, Ste. 605A		FAX EMAIL gavin@hiappleseed.org
(City) Honolulu	(State) HI	(Zip Code) 96813
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		☒ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☒ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☐Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☒Housing	☐Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☐Public Health, Safety & Welfare	☐Tourism
☐Transportation	☒Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

LOBBYIST SIGNATURE

12/29/2017
DATE

Subscribed and sworn to before me

This 29th day of December, 2017.

By: _____

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires:
11/16/2020

MAGGIE TRAN NOTARY 08-546 PUBLIC STATE OF HAWAII

PART V AUTHORIZATION TO LOBBY

NAME Gavin Thornton	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Co-Executive Director	
NAME OF ORGANIZATION (if applicable) Hawaii Appleseed Center for Law & Economic Justice		TELEPHONE 808-587-7605
MAILING ADDRESS (No. and Street or P.O Box) 119 Merchant Street, Ste. 605A		FAX EMAIL gavin@hiappleseed.org
(City) Honolulu	(State) HI	(Zip Code) 96813

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

12/26/2017
(Date)

Rev. 12/2017

NOTE: This is a public document.

Name: Maggie Tran, First Circuit
Doc. Date: 12/29/2017 # Pages: 2
Doc. Description: Lobbyist Registration Form

Notary Signature — 12/29/2017 Date

NOTARY CERTIFICATION

MAGGIE TRAN NOTARY 08-546 PUBLIC STATE OF HAWAII

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)		TELEPHONE
Tokusato, Joli A.M.		808-941-2141 ext. 230
MAILING ADDRESS (No. and Street or P.O Box) 1516 South King Street		FAX 808-941-2166
		EMAIL jtokusato@5.unitehere.org
(City) Honolulu	(State) Hawaii	(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)		TELEPHONE
UNITE HERE Local 5		808-941-2141
MAILING ADDRESS (No. and Street or P.O Box) 1516 South King Street		FAX 808-941-2166
		EMAIL
(City) Honolulu	(State) Hawaii	(Zip Code) 96826
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS) 11,000		☐ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☐ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☒Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☒Housing	☐Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☐Public Health, Safety & Welfare	☒Tourism
☐Transportation	☒Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

LOBBYIST SIGNATURE

1/3/18

DATE

STATE OF Hawaii }
County of Honolulu }
Subscribed and sworn to before me

This 3rd day of January, 2018.

By: Susan E. Milton

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires:

March 15, 2021

certification on reverse

SUSAN E. MILTON NOTARY PUBLIC No. 09-82 STATE OF HAWAII

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Eric Gill	Financial Secretary-Treasurer	
NAME OF ORGANIZATION (if applicable) UNITE HERE Local 5		TELEPHONE 808-941-2141
MAILING ADDRESS (No. and Street or P.O Box) 1516 South King Street		FAX 808-941-2166
		EMAIL egill@5.unitehere.org
(City) Honolulu	(State) Hawaii	(Zip Code) 96826

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

1-3-18

(Date)

Rev. 12/2017

NOTE: This is a public document.

Doc. Date: 1/3/18 # Pages 2

Notary Name: Susan E. Milton 1st Circuit

Doc. Description Registration

(Lobbyist Registration)

Notary Signature 1/3/18 Date

SUSAN E. MILTON
NOTARY PUBLIC
No. 09-82
STATE OF HAWAII

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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3/1-12-18

REGISTRATION

Lobbyist Registration
(Type or Print Clearly)

PART I LOBBYIST

NAME (Last) (First) (Middle) Toyofuku, S. Robert		TELEPHONE (808) 524-4155
MAILING ADDRESS (No. and Street or P.O Box) 1000 Bishop Street, Suite 503		FAX EMAIL toyofuku@hiadvocates.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) BT Consulting, Inc. dba Advocates		TELEPHONE (808) 524-4155
MAILING ADDRESS (No. and Street or P.O Box) 1000 Bishop Street, Suite 503		FAX EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaiian Humane Society		TELEPHONE (808) 356-2200
MAILING ADDRESS (No. and Street or P.O Box) 2700 Waialae Avenue		FAX EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96826
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		☒ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☒ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☐Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☐Housing	☐Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☒Public Health, Safety & Welfare	☐Tourism
☐Transportation	☐Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

Robert Lockyer

LOBBYIST SIGNATURE

December 28, 2017

DATE

Subscribed and sworn to before me

This 28th day of December, 2017.

By: Tammy M Yoshimura

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

TAMMY M. YOSHIMURA Notary Public, State of Hawaii

My commission expires: 9-22-2020 L.S.

Notary certificate on next page.

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) 356-2200
MAILING ADDRESS (No. and Street or P.O Box) Waialae Avenue	FAX
(City) Honolulu (State) HI	EMAIL lfowler@hawaiianhumane.org (Zip Code) 96826

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

Lisa Fowler

(Signature of Authorizing Officer or Person Represented) 1/5/18 (Date)

Rev. 12/2017

NOTE: This is a public document.

Doc. Date: 12/28/2017 # Pages: 3

Notary Name: TAMMY M. YOSHIMURA First Circuit

Doc. Description: Registration
lobbyist Registration

Tammy M Yoshimura 12/28/2017 L.S. (Stamp or Seal)
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) Tsujimura Matthew W.		TELEPHONE (808) 539-0400
MAILING ADDRESS (No. and Street or P.O Box) 999 Bishop Street, Suite 1400		FAX (808) 533-4945 EMAIL mtsujimura@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 mtsujimura@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)		☒ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☒ n/a

PART II.B NO LONGER LOBBYING

☒ I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE 01/09/2018

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☐Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☐Housing	☐Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☐Public Health, Safety & Welfare	☒Tourism
☐Transportation	☐Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

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 9th day of January, 2018.

By: Ulani R. Souza
NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

Ulani R. Souza

My commission expires:
March 24, 2020

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
NAME OF ORGANIZATION (if applicable)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)		FAX EMAIL
(City)	(State)	(Zip Code)

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented) (Date)

NOTE: This is a public document.

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)		TELEPHONE
Tsujimura Rick B.		(808) 539-0400
MAILING ADDRESS (No. and Street or P.O Box) 999 Bishop Street, Suite 1400		FAX (808) 533-4945 EMAIL rtsujimura@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 rtsujimura@awlaw.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96813

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Wyndham Vacation Ownership		(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)		☒ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☒ n/a

PART II.B NO LONGER LOBBYING

☒ I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE 01/09/2018

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☐Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☐Housing	☐Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☐Public Health, Safety & Welfare	☒Tourism
☐Transportation	☐Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

LOBBYIST SIGNATURE

JAN 09 2018

DATE

Subscribed and sworn to before me

This 9th day of January, 2018.

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires: March 24, 2020

ULANI R. SOUZA NOTARY PUBLIC 92-187 STATE OF HAWAII

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
NAME OF ORGANIZATION (if applicable)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)		FAX EMAIL
(City)	(State)	(Zip Code)

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented) (Date)

Rev. 12/2017

NOTE: This is a public document.

01.12.18

CITY AND COUNTY OF HONOLULU
ETHICS COMMISSION
LOBBYIST REGISTRATION FORM

HONOLULU ETHICS COMMISSION RECEIVED
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Separate applications must be filed if you lobby for pay or other consideration for more than one organization. (See back of this form for information.)

SECTION I LOBBYIST

NAME Wang (PRINT) LAST Cynthia FIRST MIDDLE

Business Address c/o 2350 Kerner Blvd., Ste. 250, San Rafael, CA 94901 STREET, CITY, STATE, ZIP CODE Phone (415) 389-6800

Email Address: airbnb@nmgovlaw.com

EMPLOYER Airbnb, Inc.

Business Address c/o 2350 Kerner Blvd., Ste. 250, San Rafael, CA 94901 STREET, CITY, STATE, ZIP CODE Phone (415) 389-6800

ORGANIZATION LOBBYING FOR Airbnb, Inc.

Business Address c/o 2350 Kerner Blvd., Ste. 250, San Rafael, CA 94901 STREET, CITY, STATE, ZIP CODE Phone (415) 389-6800

Estimated Duration of Employment with Organization Indefinite

Number of membership if lobbying on behalf of members N/A

Description of the methods by which members develop and make decisions about positions on policy:
N/A

Description of type of legislation you expect to lobby on: Short term rental regulation and laws impacting the travel/tourism sector.

SECTION II CERTIFICATION OF LOBBYIST

I hereby certify that the foregoing statements are true and correct.

SIGNATURE OF LOBBYIST

1/2/18
DATE

Subscribed and sworn to before me

This _____ day of _____, _____.

By: _____
NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires: _____
PLEASE SEE ATTATCHED

SECTION III AUTHORIZATION TO LOBBY

Name Joel Aurora Designated Agent for Filer
TITLE OF AUTHORIZING OFFICER

Name of Organization Airbnb, Inc.

I hereby authorize the above-named lobbyist to engage in lobbying activities on behalf of the undersigned.

SIGNATURE OF AUTHORIZING OFFICER

1/4/18
DATE

PLEASE RETAIN A COPY FOR YOUR RECORDS

Rev. 09/2016

CALIFORNIA JURAT WITH AFFIANT STATEMENT **GOVERNMENT CODE § 8202**

☒ See Attached Document (Notary to cross out lines 1–6 below)
☐ See Statement Below (Lines 1–6 to be completed only by document signer[s], *not* Notary)

1
2
3
4
5
6

Signature of Document Signer No. 1 *Signature of Document Signer No. 2 (if any)*

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of SAN FRANCISCO

Subscribed and sworn to (or affirmed) before me on this 2ND day of JANUARY, 2018,
Date *Month* *Year*
by
(1) CYNTHIA WANG
(and (2)_____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

WILLIE CHAVEZ
Notary Public - California
San Francisco County
Commission # 2174713
My Comm. Expires Dec 4, 2020

Signature _____
Signature of Notary Public

Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document
Title or Type of Document: CITY & COUNTY OF HI ETHICS COMMISSION LOBBYIST REGISTRATION FORM Document Date: 1/2/18
Number of Pages: 1 Signer(s) Other Than Named Above: _____

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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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ETHICS COMMISSION
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REGISTRATION

Lobbyist Registration
(Type or Print Clearly)

PART I LOBBYIST

NAME (Last) (First) (Middle)		TELEPHONE
Watanabe, Cade M.		808-941-2141 ext. 211
MAILING ADDRESS (No. and Street or P.O Box) 1516 South King Street		FAX 808-941-2166 EMAIL cwatanabe@5.unitehere.org
(City) Honolulu	(State) Hawaii	(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)		TELEPHONE
UNITE HERE Local 5		808-941-2141
MAILING ADDRESS (No. and Street or P.O Box) 1516 South King Street		FAX 808-941-2166 EMAIL
(City) Honolulu	(State) Hawaii	(Zip Code) 96826
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS) 11,000		☐ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☐ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☒Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☒Housing	☐Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☐Public Health, Safety & Welfare	☒Tourism
☐Transportation	☒Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

LOBBYIST SIGNATURE

January 3, 2018
DATE

STATE of Hawaii
County of Honolulu
Subscribed and sworn to before me

This 3rd day of January, 2018.

By: Susan E. Milton
NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires:

March 15, 2021

SUSAN E. MILTON NOTARY PUBLIC No. 09-82 STATE OF HAWAII

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Eric Gill	Financial Secretary-Treasurer	
NAME OF ORGANIZATION (if applicable) UNITE HERE Local 5		TELEPHONE 808-941-2141
MAILING ADDRESS (No. and Street or P.O Box) 1516 South King Street		FAX 808-941-2166 EMAIL egill@5.unitehere.org
(City) Honolulu	(State) Hawaii	(Zip Code) 96826

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

1-3-18
(Date)

Rev. 12/2017

NOTE: This is a public document.

Doc. Date: 1/3/18 # Pages 2

Notary Name: Susan E. Milton 1st Circuit

Doc. Description Registration
(Lobbyist Registration)

Notary Signature 1/5/18 Date

SUSAN E. MILTON
NOTARY PUBLIC
No. 09-82
STATE OF HAWAII

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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01.12.18

REGISTRATION

Lobbyist Registration
(Type or Print Clearly)

PART I LOBBYIST

NAME (Last) (First) (Middle) Webster, Nahelani		TELEPHONE (808) 524-4155
MAILING ADDRESS (No. and Street or P.O Box) 1000 Bishop Street, Suite 503		FAX EMAIL nwebster@hiadvocates.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) BT Consulting, Inc. dba Advocates		TELEPHONE (808) 524-4155
MAILING ADDRESS (No. and Street or P.O Box) 1000 Bishop Street, Suite 503		FAX EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaiian Humane Society		TELEPHONE (808) 356-2200
MAILING ADDRESS (No. and Street or P.O Box) 2700 Waialae Avenue		FAX EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96826
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		☒ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☒ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

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

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

LOBBYIST SIGNATURE

December 28, 2017

DATE

Subscribed and sworn to before me

This 28th day of December, 2017.

By: Tammy M. Yoshimura

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

TAMMY M. YOSHIMURA Notary Public State of Hawaii

My commission expires:

9-22-2020 1.5.

Notary certificate on next page.

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Lisa Fowler	President & CEO	
NAME OF ORGANIZATION (if applicable) Hawaiian Humane Society		TELEPHONE 808) 356-2200
MAILING ADDRESS (No. and Street or P.O Box) Waialae Avenue		FAX EMAIL lfowler@hawaiianhumane.org
(City) Honolulu	(State) HI	(Zip Code) 96826

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

1-5-18

(Date)

Rev. 12/2017

NOTE: This is a public document.

Doc. Date: 12/28/2017 # Pages: 3

Notary Name: TAMMY M. YOSHIMURA First Circuit

Doc. Description: Registration
Lobbyist Registration

L.S.

Tammy M Yoshimura 12/28/2017
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)		TELEPHONE
Weisman, Donald, B.		808-377-6636
MAILING ADDRESS (No. and Street or P.O Box)		FAX 808-524-0556
677 Ala Moana Blvd., Ste. 600		EMAIL don.weisman@heart.org
(City) Honolulu	(State) HI	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
American Heart Association		808-677-6630
MAILING ADDRESS (No. and Street or P.O Box)		FAX 808-524-0556
677 Ala Moana Blvd., Ste. 600		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		☑ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☑ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☐Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☐Housing	☐Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☑Public Health, Safety & Welfare	☐Tourism
☐Transportation	☐Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

LOBBYIST SIGNATURE

1/3/17

DATE

TIFFANY M. THOMAS STATE OF HAWAII NOTARY PUBLIC Commission Number 13-122

Subscribed and sworn to before me

This 3rd day of January, 2018.

By:

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires:

04-07-21

PART V AUTHORIZATION TO LOBBY

NAME Lani Go-Keala	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Executive Director	
NAME OF ORGANIZATION (if applicable) American Heart Association - Hawaii Division		TELEPHONE 808-377-6663
MAILING ADDRESS (No. and Street or P.O Box) 677 Ala Moana Blvd., Ste. 600		FAX 808-524-0556 EMAIL lani.go-keala@heart.org
(City) Honolulu	(State) HI	(Zip Code) 96813

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

1/2/18

(Date)

Rev. 12/2017

NOTE: This is a public document.

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)

PART I LOBBYIST

NAME (Last) (First) (Middle)		TELEPHONE
Wilson, Brooke		808-847-5761
MAILING ADDRESS (No. and Street or P.O Box) 1311 Houghtailing St		FAX EMAIL bwilson@hrcc-hawaii.com
(City) Honolulu	(State) HI	(Zip Code)
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)		TELEPHONE
Hawaii Regional Council of Carpenters		808-847-5761
MAILING ADDRESS (No. and Street or P.O Box) 1311 Houghtailing St		FAX EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96817
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS) 6,500		☐ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☒ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☒Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☒Housing	☐Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☐Public Health, Safety & Welfare	☐Tourism
☐Transportation	☒Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

LOBBYIST SIGNATURE

January 8, 2018
DATE

Subscribed and sworn to before me

This 10th day of January, 2018.

By: _____

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

Faith M. F. Aiello State of Hawaii First Judicial Circuit

My commission expires: 6/24/2020

Notary certification attached

FAITH M. F. AIELLO NOTARY PUBLIC No. 92-421 STATE OF HAWAII

PART V AUTHORIZATION TO LOBBY

NAME Kyle Chock	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Assistant Executive Secretary Treasurer
NAME OF ORGANIZATION (if applicable) Hawaii Regional Council of Carpenters	TELEPHONE 808-847-5761
MAILING ADDRESS (No. and Street or P.O Box) 1311 Houghtailing St.	FAX EMAIL
(City) Honolulu / (State) HI	(Zip Code) 96817

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented) — January 8, 2018 (Date)

Rev. 12/2017

NOTE: This is a public document.

Document Date: 1/10/18 #Pages: 1

Name: Faith M. F. Aiello First Circuit

Doc. Description: Registration

Lobbyist Certification

Faith M. F. Aiello 1/10/18

Signature Date

NOTARY CERTIFICATION

FAITH M. F. AIELLO
NOTARY PUBLIC
No. 92-421
STATE OF HAWAII

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)		TELEPHONE
Wisch, Joshua		808-522-5903
MAILING ADDRESS (No. and Street or P.O Box)		FAX 808-522-5909
P.O. Box 3410		EMAIL jwisch@acluhawaii.org
(City) Honolulu	(State) Hawaii	(Zip Code) 96801
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
American Civil Liberties Union of Hawaii		808-522-5900
MAILING ADDRESS (No. and Street or P.O Box)		FAX 808-522-5909
P.O. Box 3410		EMAIL
(City) Honolulu	(State) Hawaii	(Zip Code) 96801

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
American Civil Liberties Union of Hawaii		808-522-5900
MAILING ADDRESS (No. and Street or P.O Box)		FAX 808-522-5909
P.O. Box 3410		EMAIL
(City) Honolulu	(State) Hawaii	(Zip Code) 96801
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		☒ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☒ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☐Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☐Housing	☐Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☐Public Health, Safety & Welfare	☐Tourism
☐Transportation	☐Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☒Other (indicate below): Civil Rights and Civil Liberties		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

LOBBYIST SIGNATURE

1/22/18

DATE

Subscribed and sworn to before me

This _____ day of _____, _____.

By: * See attached notary page

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires:

_____

PART V AUTHORIZATION TO LOBBY

NAME Joshua Wisch	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Executive Director	
NAME OF ORGANIZATION (if applicable) American Civil Liberties Union of Hawaii		TELEPHONE 808-522-5900
MAILING ADDRESS (No. and Street or P.O Box) P.O. Box 3410		FAX 808-522-5909
		EMAIL jwisch@acluhawaii.org
(City) Honolulu	(State) Hawaii	(Zip Code) 96801

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer ~~or Person Represented~~)

1/22/18

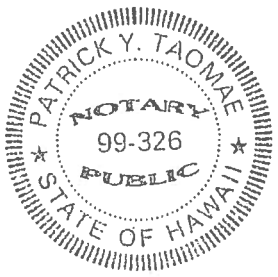
(Date)

Rev. 12/2017

NOTE: This is a public document.

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

The foregoing undated City And County Of Honolulu Ethics Commission Lobbyist Registration consisting of two (2) pages was subscribed, sworn to, and acknowledged before me by JOSHUA WISCH in the First Circuit of the State of Hawaii on this 22nd day of January, 2018.



Patrick Y. Taomae
PATRICK Y. TAOMAE
Notary Public, State of Hawaii

My Commission Expires: 6/30/2019

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)		TELEPHONE
Wong Arnold		677-0375
MAILING ADDRESS (No. and Street or P.O Box)		FAX 671-6901
94-497 Ukee St.		EMAIL stab625@yahoo.com
(City) Waipahu	(State) HI	(Zip Code) 96797
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)		TELEPHONE
Ironworkers Stabilization Fund		677-0375
MAILING ADDRESS (No. and Street or P.O Box)		FAX 671-6901
94-497 Ukee Street		EMAIL
(City) Waipahu	(State) HI	(Zip Code) 96797
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS) 1000		☐ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS Board of Trustees		☐ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☒ Business & Economic Development	☒ Community Services	☐ Customer Services
☐ Culture & Arts	☒ Housing	☒ Public Works, Infrastructure & Sustainability
☐ Parks & Recreation	☐ Public Health, Safety & Welfare	☐ Tourism
☒ Transportation	☐ Zoning & Planning	☐ Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐ Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

LOBBYIST SIGNATURE

DATE 1/3/18

Subscribed and sworn to before me

This 3rd day of January, 2018.

By: _____

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires: 09/02/20

NOTARY FORM ATTACHED

PART V AUTHORIZATION TO LOBBY

NAME Arnold Wong	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Head Lobbyist fee 01/31/18
NAME OF ORGANIZATION (if applicable) Ironworkers Stabilization Fund	TELEPHONE 677-0375
MAILING ADDRESS (No. and Street or P.O Box) 94-497 Ukee St.	FAX 671-6901
	EMAIL Stab625@yahoo.com
(City) Waipahu	(State) HI
	(Zip Code) 96797

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

1/3/18
(Date)

NOTE: This is a public document.

STATE OF HAWAII }
} SS.
COUNTY OF HONOLULU }

On this 3rd day of January 20 18 before me personally appeared ARNOLD WONG, 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
NOTARY PUBLIC
(SEAL) Comm. No. 12-295
STATE OF HAWAII

EMILY MORTON

My Commission expires: 09/02/2020

Doc Date: 1/3/18 No. Pages: 2

Notary Name: EMILY MORTON _____ Circuit

Doc Description: REGISTRATION: WORKFAST REGISTRATION

EMILY MORTON
NOTARY PUBLIC
(SEAL) Comm. No. 12-295
STATE OF HAWAII

Emily Morton 01/03/18

Emily Morton 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)		TELEPHONE
WONG, Kerstan J.		808-543-7059
MAILING ADDRESS (No. and Street or P.O Box) P. O. Box 2750		FAX 808-203-1492
		EMAIL kerstan.wong@hawaiianelectric.c
(City) Honolulu	(State) Hawaii	(Zip Code) 96840
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)		TELEPHONE
Hawaiian Electric Company, Inc.		
MAILING ADDRESS (No. and Street or P.O Box) P. O. Box 2750		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96840
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		☒ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☒ n/a

PART II.B NO LONGER LOBBYING

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

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NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☐Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☐Housing	☒Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☐Public Health, Safety & Welfare	☐Tourism
☐Transportation	☒Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

LOBBYIST SIGNATURE

1/8/2018

DATE

Subscribed and sworn to before me

This 8th day of January, 2018.

By: Alberta-Nani Luke

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

ALBERTA-NANI LUKE

My commission expires:

July 14, 2021

ALBERTA-NANI LUKE NOTARY 04-213 STATE OF HAWAII

PART V AUTHORIZATION TO LOBBY

NAME Susan A. Li	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Senior Vice President and General Counsel	
NAME OF ORGANIZATION (if applicable) Hawaiian Electric Company, Inc.		TELEPHONE 808-543-4791
MAILING ADDRESS (No. and Street or P.O Box) P. O. Box 2750		FAX 808-203-
		EMAIL susan.li@hawaiianelectric.com
(City) Honolulu	(State) HI	(Zip Code) 96840

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

Susan A. Li — 1/9/18

(Signature of Authorizing Officer or Person Represented) (Date)

Doc. Date: 1/8/2018 # Pages: 2
Name: Alberta-Nani Luke First Circuit
Doc. Description: Ethics Commission Lobbyist Registration Form
Alberta-Nani Luke 1/8/2018
Notary Signature Date
NOTARY CERTIFICATION

ALBERTA-NANI LUKE NOTARY 04-213 STATE OF HAWAII

NOTE: This is a public document.

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)		TELEPHONE
WOO, LORNA AKEMI		808 779 1024
MAILING ADDRESS (No. and Street or P.O Box) 1127 20TH AVENUE		FAX EMAIL LORNAW 31C YAHOO.C
(City) HONOLULU	(State) HI	(Zip Code) 96816
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) IUPAT, DISTRICT COUNCIL 50		TELEPHONE 808 941 0991
MAILING ADDRESS (No. and Street or P.O Box) 2240 YOUNG STREET		FAX EMAIL INFO@DC50.ORG
(City) HONOLULU	(State) HI	(Zip Code) 96826

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
INTERNATIONAL UNION OF PAINTERS & ALLIED TRADES DISTRICT COUNCIL 50		808 941 0991
MAILING ADDRESS (No. and Street or P.O Box) 2240 YOUNG STREET		FAX EMAIL INFO@DC50.ORG
(City) HONOLULU	(State) HI	(Zip Code) 96826
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS) 2,000		☐ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS MEMBERSHIP VOTING AT MEMBERSHIP MTG		☐ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☐Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☑Housing	☑Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☐Public Health, Safety & Welfare	☐Tourism
☐Transportation	☑Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

LOBBYIST SIGNATURE

1/3/2018
DATE

Subscribed and sworn to before me

This 3rd day of January, 2018.

By: **Katherine Ishiro**

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires: ~~FEB 14 2020~~ FEB 14 2021

KATHERINE ISHIRO NOTARY 16-41 PUBLIC STATE OF HAWAII

PART V AUTHORIZATION TO LOBBY

NAME RYDEN VALMOJA	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED BUSINESS MANAGER/SECRETARY-TREASU
NAME OF ORGANIZATION (if applicable) IUPAT, DISTRICT COUNCIL 50	TELEPHONE 808 9410991
MAILING ADDRESS (No. and Street or P.O Box) 2240 YOUNG STREET	FAX EMAIL RVALMOJA@DC50.ORG
(City) HONOLULU / (State) HI	(Zip Code) 96826

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

Ryd - Valmoja — 1.8.2018

(Signature of Authorizing Officer or Person Represented) (Date)

Rev. 12/2017

NOTE: This is a public document.

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 ~~\~~
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7 Lorraine M

Signature of Signer No. 1 — *Signature of Signer No. 2 (if any)*

This 3 page Registration Copy ist Registration
No. of Pages *Description of Document*
dated JAN 03 2018 was subscribed and sworn
Document Date
to before me this 3rd day of January, 2018, in the
Day *Month* *Year*
First Circuit Court of the State of Hawaii, by
Name of Circuit
Lorraine Akemi Wood (.) (.)
Name of Signer No. 1
(and
—
)
Name of Signer No. 2, if any

KATHERINE ISHIRO NOTARY 16-41 PUBLIC STATE OF HAWAII

Signature of Notary JAN 03 2018
Signature of Notary *Date*
Katherine Ishiro
Printed Name of Notary

Place Notary Seal or Stamp Above My commission expires: FEB 14 2020

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HONOLULU ETHICS COMMISSION
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ETHICS COMMISSION
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REGISTRATION

Lobbyist Registration
(Type or Print Clearly)

PART I LOBBYIST

NAME (Last) (First) (Middle) Yamaki, Tina M		TELEPHONE (808) 592-4200
MAILING ADDRESS (No. and Street or P.O Box) 3610 Waialae Ave		FAX n/a EMAIL tyamaki@rmhawaii.org
(City) Honolulu	(State) Hawaii	(Zip Code) 96816
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) Retail Merchants of Hawaii		TELEPHONE (808) 592-4200
MAILING ADDRESS (No. and Street or P.O Box) 3610 Waialae Ave		FAX n/a EMAIL tyamaki@rmhawaii.org
(City) Honolulu	(State) Hawaii	(Zip Code) 96816

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Retail Merchants of Hawaii		TELEPHONE (808) 592-4200
MAILING ADDRESS (No. and Street or P.O Box) 3610 Waialae Ave		FAX n/a EMAIL tyamaki@rmhawaii.org
(City) Honolulu	(State) Hawaii	(Zip Code) 96816
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS) 155		☐ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS Committee & Board Meetings, Surveys, Executive Meetings & more		☐ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☑ Business & Economic Development	☐ Community Services	☐ Customer Services
☐ Culture & Arts	☐ Housing	☑ Public Works, Infrastructure & Sustainability
☐ Parks & Recreation	☑ Public Health, Safety & Welfare	☑ Tourism
☑ Transportation	☑ Zoning & Planning	☐ Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐ Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

LOBBYIST SIGNATURE

1/5/2018

DATE

GARRIN J. TAGA NOTARY PUBLIC No. 17-196 STATE OF HAWAII

Subscribed and sworn to before me

This 5 day of January, 2018.

By:

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

Garrin S Taga

My commission expires:

6-18-21

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Scott Maroney	Chairperson of the Board	
NAME OF ORGANIZATION (if applicable)		TELEPHONE
Retail Merchants of Hawaii		486-6332
MAILING ADDRESS (No. and Street or P.O Box)		FAX
99-969 Iwaena Street		EMAIL
(City) Aiea	(State) HI	(Zip Code) 96701

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

Scott Maroney — 1/5/18

(Signature of Authorizing Officer or Person Represented) (Date)

GARRIN J. TAGA NOTARY PUBLIC No. 17-196 STATE OF HAWAII

NOTARY PUBLIC CERTIFICATION

Garrin J. Taga First Judicial Circuit

Doc. Description: Registration

No. of Pages: 2 Date of Doc. 1-5-18

Notary Signature 1-5-18 Date

Rev. 12/2017

NOTE: This is a public document.

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)		TELEPHONE
Yamane, Marc K.M.		808-536-8653
MAILING ADDRESS (No. and Street or P.O Box) 707 Alakea St., Suite 215		FAX 808-537-3779 EMAIL iuec126@hawaiiantel.net
(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)		TELEPHONE
International Union Of Elevator Constructors, Local 126		808-536-8653
MAILING ADDRESS (No. and Street or P.O Box) 707 Alakea St., Suite 215		FAX 808-537-3779 EMAIL iuec126@hawaiiantel.net
(City) Honolulu	(State) HI	(Zip Code) 96813
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS) 258		☐ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS Building Construction: Union Issues		☐ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☑Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☑Housing	☑Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☑Public Health, Safety & Welfare	☐Tourism
☑Transportation	☐Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

Please see attached Hawaii Jurat 1A-N.P.

I hereby certify that the foregoing statements are true and correct.

Marie K.M. Yamane

LOBBYIST SIGNATURE

1/23/18

DATE

Subscribed and sworn to before me

This _____ day of _____, _____.

By:

_____

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires:

_____

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Evan Fong	President	
NAME OF ORGANIZATION (if applicable) International Union Of Elevator Constructors, Local 126		TELEPHONE 808-536-8653
MAILING ADDRESS (No. and Street or P.O Box) 707 Alakea St., Suite, 215		FAX 808-537-3779 EMAIL iuecl26@hawaiiantel.net
(City) Honolulu	(State) HI	(Zip Code) 96813

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

Evan Fong

(Signature of Authorizing Officer or Person Represented)

1/15/18

(Date)

Rev. 12/2017

NOTE: This is a public document.

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
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Signature of Signer No. 1 _____ Signature of Signer No. 2 (if any)

This 3 page Lobbyist Registration,
No. of Pages Description of Document

dated 1/23/2018 was subscribed and sworn
Document Date

to before me this 23rd day of January, 2018, in the
Day Month Year

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

Marc K.M. Yamane (.) (,)
Name of Signer No. 1

(and

_____.)
Name of Signer No. 2, if any

TODD HIRASHIMA NOTARY 17-384 PUBLIC STATE OF HAWAII

_____ 1/23/2018
Signature of Notary Date

Todd Hirashima
Printed Name of Notary

Place Notary Seal or Stamp Above

My commission expires: OCT 0 8 2021

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

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REGISTRATION

Lobbyist Registration
(Type or Print Clearly)

PART I LOBBYIST

NAME (Last) (First) (Middle)		TELEPHONE
Yamasaki, Ross		(808) 531-4551
MAILING ADDRESS (No. and Street or P.O Box) 222 South Vineyard Street, Suite 401		FAX (808) 533-4601
		EMAIL ryamasaki808@gmail.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) Capitol Consultants of Hawaii, LLP		TELEPHONE (808) 531-4551
MAILING ADDRESS (No. and Street or P.O Box) Same as above		FAX Same as above
		EMAIL Same as above
(City) Same as above	(State) Same as above	(Zip Code) Same as above

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Hawaii Memorial Life Plan Ltd.		(808) 522-5233
MAILING ADDRESS (No. and Street or P.O Box) 1330 Maunakea Street		FAX (808) 522-9310
		EMAIL jay.morford@dignitymemori
(City) Honolulu	(State) HI	(Zip Code) 96817
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		☒ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☒ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☐Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☐Housing	☐Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☐Public Health, Safety & Welfare	☐Tourism
☐Transportation	☒Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐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: 8/4/2020

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Jay Morford	President/Market Director	
NAME OF ORGANIZATION (if applicable) Hawaiian Memorial Life Plan, Ltd.		TELEPHONE (808) 522-5233
MAILING ADDRESS (No. and Street or P.O Box) 1330 Maunakea St.		FAX (808) 522-9310
		EMAIL jay.morford@dignitymemorial
(City) Honolulu	(State) HI	(Zip Code) 96817

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

Jan 8 2018
(Date)

Rev. 12/2017

NOTE: This is a public document.

Doc. Date: 1/10/18 # Pages 2

Notary Name: Bobbie J. Medeiros First Circuit

Doc. Description: Registration

1/10/18
Notary Signature Date

BOBBIE J. MEDEIROS
NOTARY PUBLIC
No. 88-458
STATE OF HAWAII

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)		TELEPHONE
Yamasaki, Ross		(808) 531-4551
MAILING ADDRESS (No. and Street or P.O Box) 222 South Vineyard Street, Suite 401		FAX EMAIL ryamasaki808@gmail.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) Capitol Consultants of Hawaii, LLP		TELEPHONE Same as above
MAILING ADDRESS (No. and Street or P.O Box) Same as above		FAX EMAIL Same as above
(City) Same as above	(State) Same as above	(Zip Code) Same as above

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Airbnb, Inc		(415) 389-6800
MAILING ADDRESS (No. and Street or P.O Box) 2350 Kerner Blvd., Suite 250		FAX (415) 388-6874 EMAIL airbnb@nmgovlaw.com
(City) San Rafael	(State) CA	(Zip Code) 94901
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		☐ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☐ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☐Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☐Housing	☐Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☐Public Health, Safety & Welfare	☒Tourism 1/10/18
☐Transportation	☒Zoning & Planning 1/10/18	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

LOBBYIST SIGNATURE

1/10/18
DATE

BOBBIE J. MEDEIROS NOTARY PUBLIC No. 88-458 STATE OF HAWAII

Subscribed and sworn to before me

This 10th day of January, 2018.

By: _____
NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires:
8/4/2020

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Joel Aurora	Designated Agent for Filer	
NAME OF ORGANIZATION (if applicable) Airbnb, Inc		TELEPHONE (415)389-6800
MAILING ADDRESS (No. and Street or P.O Box) 2350 Kerner Blvd., Ste. 250		FAX (415)388-6874 EMAIL airbnb@nmgovlaw.com
(City) San Rafael	(State) CA	(Zip Code) 94901

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented) — 1/4/18 (Date)

NOTARY CERTIFICATION ON BACK OF THIS PAGE

NOTE: This is a public document.

Doc. Date: 1/10/18 # Pages 2

Notary Name: Bobbie J. Medeiros First Circuit

Doc. Description Registration

Notary Signature 1/10/18 Date

BOBBIE J. MEDEIROS
NOTARY PUBLIC
No. 88-458
STATE OF HAWAII

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) Yamasaki, Ross		TELEPHONE (808) 531-4551
MAILING ADDRESS (No. and Street or P.O Box) 222 South Vineyard Street, Suite 401		FAX (808) 533-4601 EMAIL ryamasaki808@gmail.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) Capitol Consultants of Hawaii, LLP		TELEPHONE (808) 531-4551
MAILING ADDRESS (No. and Street or P.O Box) Same as above		FAX Same as above EMAIL Same as above
(City) Same as above	(State) Same as above	(Zip Code) Same as above

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Kamehameha Schools		TELEPHONE (808) 523-6348
MAILING ADDRESS (No. and Street or P.O Box) 567 S. King Street, Suite 400		FAX (808) EMAIL kaburges@ksbe.edu
(City) Honolulu	(State) HI	(Zip Code) 96813
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		☒ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☒ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☐Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☐Housing	☐Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☐Public Health, Safety & Welfare	☐Tourism
☐Transportation	☒Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

LOBBYIST SIGNATURE

1/10/18
DATE

BOBBIE J. MEDEIROS NOTARY PUBLIC No. 88-458 STATE OF HAWAII

Subscribed and sworn to before me

This 10th day of January, 2018.

By: _____
NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires:
8/4/2020

PART V AUTHORIZATION TO LOBBY

NAME Kau'i Burgess	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Director of Community Relations	
NAME OF ORGANIZATION (if applicable) Kamehameha Schools		TELEPHONE (808) 523-6348
MAILING ADDRESS (No. and Street or P.O Box) 567 S. King Street, Suite 400		FAX (808)
		EMAIL kaburges@ksbe.edu
(City) Honolulu	(State) HI	(Zip Code) 96813

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or ~~Person~~ Represented) (Date)

NOTARY CERTIFICATION ON BACK OF THIS PAGE

NOTE: This is a public document.

Doc. Date: 1/10/18 # Pages 2

Notary Name: Bobbie J. Medeiros First Circuit

Doc. Description Assignment

Notary Signature 1/10/18 Date

BOBBIE J. MEDEIROS
NOTARY PUBLIC
No. 88-458
STATE OF HAWAII

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

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Email: ethics@honolulu.gov
Website: http://www.honolulu.gov/ethics/

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REGISTRATION

Lobbyist Registration
(Type or Print Clearly)

PART I LOBBYIST

NAME (Last) (First) (Middle)		TELEPHONE
Yamauchi, Jessica, PB		808 591 6508
MAILING ADDRESS (No. and Street or P.O Box)		FAX none
850 Richards St, suite 201		EMAIL jessica@hiphi.org
(City) Honolulu	(State) HI	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
n/a		n/a
MAILING ADDRESS (No. and Street or P.O Box)		FAX n/a EMAIL n/a
n/a		
(City)	(State)	(Zip Code)

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Hawaii Public Health Institute		808 591 6508
MAILING ADDRESS (No. and Street or P.O Box)		FAX —
850 Richards St, suite 201		EMAIL jessica@hiphi.org
(City) Honolulu	(State) HI	(Zip Code) 96813
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS) 2,000 non-paying members		☐ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS Policy priorities voted on by Board of Directors priorities are identified by working group		☐ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☐Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☐Housing	☐Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☑Public Health, Safety & Welfare	☐Tourism
☐Transportation	☐Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

Jessica Yamauchi

LOBBYIST SIGNATURE

January 9, 2018

DATE

Subscribed and sworn to before me

This 9th day of January, 2018.

By: Julie A. Kojima

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires: 04/01/2021

My commission expires:

JULIE A. KOJIMA NOTARY PUBLIC 2001-90 STATE OF HAWAII

Doc Date: JAN 09 2018 # Pages: 2

Name: Julie A. Kojima First Circuit

Doc. Description: LOBBYIST REGISTRATION

Signature JAN 09 2018 Date

NOTARY CERTIFICATION

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Jessica Yamauchi	Executive Director	
NAME OF ORGANIZATION (if applicable) Hawaii Public Health Institute		TELEPHONE (808) 591-6508
MAILING ADDRESS (No. and Street or P.O Box) 850 Richards St., Suite 201		FAX —
		EMAIL jessica@hiphi.org
(City) Honolulu	(State) HI	(Zip Code) 96813

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

Jessica Yamauchi — January 9, 2018

(Signature of Authorizing Officer or Person Represented) (Date)

NOTE: This is a public document.

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)		TELEPHONE
Yoshimoto, Kimberley W.		521-9500
MAILING ADDRESS (No. and Street or P.O Box)		FAX 541-9050
745 Fort Street Mall, 17th Floor		EMAIL kyoshimoto@imanaka-asato.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) 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)		TELEPHONE
Verizon Communications		949-286-7202
MAILING ADDRESS (No. and Street or P.O Box) HQ Public Policy, Law and Security Department		FAX
15505 Sand Canyon Avenue		EMAIL jesus.g.roman@verizon.com
(City) Irvine	(State) CA	(Zip Code) 92618
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS)		☒ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☒ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☒Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☐Housing	☒Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☐Public Health, Safety & Welfare	☐Tourism
☐Transportation	☒Zoning & Planning	☐Specific Legislation: Bill No. _____(Year)_____ Reso No. _____(Year)_____ Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

Kimberly W

LOBBYIST SIGNATURE

January 16, 2018

DATE

Subscribed and sworn to before me

This 16th day of January, 2018.

By: Charmaine Ross Charmaine Ross

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

Registration, 2pgs, 1st Circuit

My commission expires:

July 25, 2021

CHARMAINE ROSS NOTARY PUBLIC No. 17-308 STATE OF HAWAII

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 Avenuel		FAX EMAIL jesus.g.roman@verizon.com
(City) Irvine	(State) CA	(Zip Code) 92618

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

Jesús G. Román

(Signature of Authorizing Officer or Person Represented)

1/8/18

(Date)

NOTE: This is a public document.

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
RECEIVED

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REGISTRATION

Lobbyist Registration
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) ZHOU, JIAYAN		TELEPHONE (808) 537-6100
MAILING ADDRESS (No. and Street or P.O Box) 733 BISHOP STREET, SUITE 1900		FAX (808) 537-5434 EMAIL azhou@starnlaw.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)		☒ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		☒ n/a

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☐Business & Economic Development	☐Community Services	☐Customer Services
☐Culture & Arts	☐Housing	☐Public Works, Infrastructure & Sustainability
☐Parks & Recreation	☐Public Health, Safety & Welfare	☒Tourism
☐Transportation	☒Zoning & Planning	☒Specific Legislation: Bill No. _____(Year)_____ Reso No. 17-303 (Year) 2017 Admin. Rule No. _____ Dept._____
☐Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

LOBBYIST SIGNATURE

01/04/2018
DATE

Subscribed and sworn to before me

This 4th day of January, 2018

By: Bernadette [illegible]
NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

BERNADETTE LEE NOTARY PUBLIC 5-236 STATE OF HAWAII

My commission expires:
6/29/2019

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Thomas J. Baltimore, Jr.	President & CEO

NAME OF ORGANIZATION (if applicable)		TELEPHONE
PARK HOTELS & RESORTS INC.		(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

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)

Rev. 12/2017

NOTE: This is a public document.

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 Jiayan Zhou (Park Hotels & Resorts Inc.)

No. of Pages: 3

Jurisdiction: First Judicial Circuit
Honolulu, Hawaii

BERNADETTE A. LEE NOTARY PUBLIC 95-236 STATE OF 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

HONOLULU ETHICS COMMISSION
925 DILLINGHAM BOULEVARD STE 190 HONOLULU, HI 96817
TEL (808) 768-9242 FAX (808) 768-7788
Email
Website

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ETHICS COMMISSION
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REGISTRATION

Lobbyist Registration
(Type or Print Clearly)

PART I LOBBYIST

NAME (Last) (First) (Middle) ZIRBEL LAUREN SUZANNE		TELEPHONE 808-294-9968
MAILING ADDRESS (No. and Street or P.O Box) P.O. BOX 1739		FAX EMAIL laurenzirbel@gmail.com
(City) KAILUA	(State) HI	(Zip Code) 96734
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) LSZ CONSULTING LLC		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box) P.O. BOX 1739		FAX EMAIL laurenzirbel@gmail.com
(City) KAILUA	(State) HI	(Zip Code) 96734

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) HAWAII FOOD INDUSTRY ASSOCIATION		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box) 1050 BISHOP ST., PMB 235		FAX EMAIL info@hawaiifood.com
(City) HONOLULU	(State) HI	(Zip Code) 96813
NUMBER OF MEMBERS (IF LOBBY ON BEHALF OF MEMBERS) 200		☒ n/a
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS Vote on policy positions at the government relations committee.		☒ n/a

PART II.B NO LONGER LOBBYING

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

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

☑ Business & Economic Development	☐ Community Services	☑ Customer Services
☐ Culture & Arts	☐ Housing	☐ Public Works, Infrastructure & Sustainability
☐ Parks & Recreation	☑ Public Health, Safety & Welfare	☐ Tourism
☐ Transportation	☐ Zoning & Planning	☐ Specific Legislation Bill No _____ (Year) _____ Reso No _____ (Year) _____ Admin. Rule No _____ Dept _____
☐ Other (indicate below)		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

Lauren Zirbel, Lauren Zirbel
LOBBYIST SIGNATURE

~~1/30/18~~ 1/31/18
DATE

Subscribed and sworn to before me

This 31 day of JANUAR, 2018

By _____
NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires:

12/08/21

PART V AUTHORIZATION TO LOBBY

NAME LAUREN ZIRBEL	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED EXECUTIVE DIRECTOR	
NAME OF ORGANIZATION (if applicable) HAWAII FOOD INDUSTRY ASSOCIATION		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box) 1050 BISHOP ST., PMB 235		FAX EMAIL
(City) HONOLULU	(State) HI	(Zip Code) 96813

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

Lauren Zirbel — 1/30/18

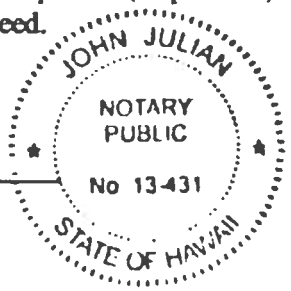
(Signature of Authorizing Officer or Person Represented) (Date)

Rev. 12/2017

NOTE: This is a public document.

STATE OF HAWAII
CITY AND COUNTY OF HONOLULU
FIRST JUDICIAL CIRCUIT

On January 31, 2018, before me personally appeared Lauren Suzanne Zirbel, 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.

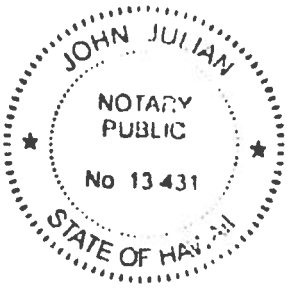


John Julian, Notary Public
State of Hawaii
My commission expires: 12/08/2021

Document Date: January 31, 2018 **# Pages: 3**

Notary Name: John Julian **First Circuit**

Doc. Description: LOBBYIST REGISTRATION



Notary Signature **January 31, 2018**
Date