



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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2-23-18

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ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Alexander, Daniel Anthony		TELEPHONE 808-275-6717
MAILING ADDRESS (Street) 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 ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Bicycling League		TELEPHONE 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

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount \$0	Receptions, Meals, Food & Beverages	Amount \$0
Preparation & Distribution of Lobbying Materials	Amount \$100	Media Advertising	Amount \$0
Entertainment & Events	Amount \$0	Other NA	
		TOTAL \$100	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount \$0
Compensation	Amount \$3,125
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a


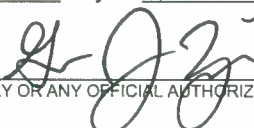
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

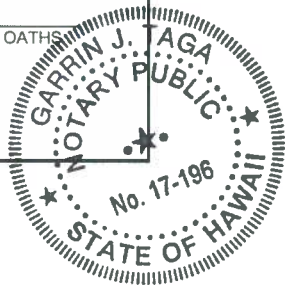
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/>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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. Bill 74 and 75 (2015)	4. Resolution 17-173
2. GIA (2017) Bikeshare Hawaii's community application	5. Bill 77 (2017)
3. Bill 67 (2016)	<input checked="" type="checkbox"/> ^{KB 2/22/18} Check here if additional sheets are attached

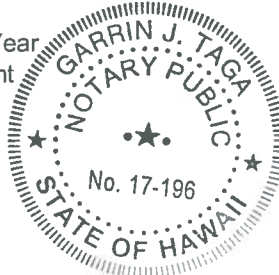
PART VII LOBBYIST CERTIFICATION


I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 2/20/18 DATE	Subscribed and sworn to before me This <u>20th</u> day of <u>February</u> , <u>2018</u> . By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>6-18-21</u>
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NOTARY PUBLIC CERTIFICATION
 Garrin J. Taga
 Doc. Description: Annual Report

Deadline: January 10th of Each Year
 NOTE: This is a public document



No. of Pages: 2 Date of Doc. 2-20-18

 Notary Signature Date

Additional Information - Daniel Alexander

Lobbyist Annual Report
Daniel Alexander
Additional Information for Part VI Outcomes

2/21/18

Bill 74 and 75 (2015) – passed in October 2017

GIA (2017) Bikeshare Hawaii's community application – pending decision making

Bill 67 (2016) – passed in June 2017

Resolution 17-173 – passed in July 2017

Bill 77 (2017) – passed in February 2018



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ANNUAL REPORT

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Lobbyist Annual Report
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PART I LOBBYIST

NAME (Last) (First) (Middle) <i>Alivado Shannon L.</i>		TELEPHONE <i>(808) 833-1681</i>
MAILING ADDRESS (Street) <i>1065 Ahua Street</i>		FAX <i>(808) 839-4167</i>
(City) <i>Honolulu</i>	(State) <i>HI</i>	EMAIL <i>Shannon@gc.hawaii.gov</i>
		(Zip Code) <i>96819</i>
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O. Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) <i>General Contract-</i>		TELEPHONE <i>833-1681</i>
MAILING ADDRESS (No. and Street or P.O. Box) <i>1065 Ahua Street</i>		FAX <i>839-4167</i>
(City) <i>Honolulu</i>	(State) <i>HI</i>	EMAIL <i>info@gc.hawaii.gov</i>
		(Zip Code) <i>96819</i>

PART III EXPENDITURES, BY TYPE

Political Contributions	Amount <i>& N/A</i>	Receptions, Meals, Food & Beverages	Amount <i>& N/A</i>
Preparation & Distribution of Lobbying Materials	Amount <i>& N/A</i>	Media Advertising	Amount <i>& N/A</i>
Entertainment & Events	Amount <i>& N/A</i>	Other	Amount <i>& N/A</i>
		TOTAL	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount <u>\$1,200 estimate</u>
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a


PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

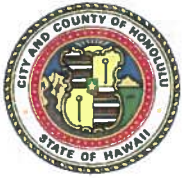
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. <u>Bill 3 (2016) (oppose); passed into ordinance</u>	4.
2. <u>Resolution 17-113 (support) passed</u>	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

<p>I hereby certify that the foregoing statements are true and correct.</p> <p><u>Shanna Ahl</u> LOBBYIST SIGNATURE</p> <p><u>1/10/2018</u> DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>10</u> day of <u>JANUARY</u>, <u>2018</u>.</p> <p>By: <u>Michael Isara</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>8/14/2020</u></p>
	
Date: <u>1/10/18</u> # Pages <u>2</u> Notary Name: <u>Michael Isara</u> 1st Circuit Desc. Description: <u>Annual Report</u>	
<u>Michael Isara</u> Notary Signature Date: <u>1/10/18</u>	



HONOLULU ETHICS COMMISSION
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9-15-18

ANNUAL REPORT

Lobbyist Annual Report
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PART I LOBBYIST		
NAME (Last) (First) (Middle) <i>AMEMIYA, RONALD, Yoshinaka</i>		TELEPHONE <i>808.226.7055</i>
MAILING ADDRESS (Street) <i>94-497 Uke St.</i>		FAX <i>671-6901</i>
		EMAIL <i>RAMEMIYA@HAWAII.PR.COM</i>
(City) <i>WAIPAHU</i>	(State) <i>HI</i>	(Zip Code) <i>96797</i>
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) <i>IRONWORKERS STABILIZATION FUND</i>		TELEPHONE <i>226-7055</i>
MAILING ADDRESS (No. and Street or P.O Box) <i>SAME AS ABOVE</i>		FAX <i>671-6901</i>
		EMAIL
(City)	(State)	(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) <i>IRONWORKERS STABILIZATION FUND</i>		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box) <i>Same as above</i>		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
	<i>—</i>		<i>—</i>
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
	<i>—</i>		<i>—</i>
Entertainment & Events	Amount	Other	
	<i>—</i>		
		TOTAL	<i>- 0 -</i>

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	-0-	Amount	-0-
Compensation	-0-	Amount	-0-
Contributions	-0-	Amount	-0-
Membership Fees	-0-	Amount	-0-
<input type="checkbox"/> Check here if additional sheets are attached		<input type="checkbox"/> n/a	

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. MASS TRANSIT	4.
2. Housing	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct. <u>Ronald Y. Amey</u> LOBBYIST SIGNATURE <u>12/28/17</u> DATE	Subscribed and sworn to before me This ____ day of _____, _____. By: _____ NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: _____
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STATE OF HAWAII

}
} SS.
}

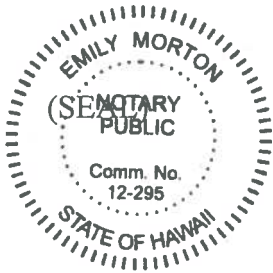
COUNTY OF HONOLULU

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

Witness my hand and seal.

Emily Morton
EMILY MORTON

My Commission expires: 09/02/2020



Doc Date: 1/2/18

No. Pages: 2

Notary Name: EMILY MORTON 1st. Circuit

Doc Description: ANNUAL REPORT: LOBBYIST

ANNUAL REPORT

Emily Morton
Emily Morton

01/02/18
Date





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

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ANNUAL REPORT

Lobbyist Annual Report
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PART I LOBBYIST		
NAME (Last) (First) (Middle) Apo, Todd K		TELEPHONE 8084267735
MAILING ADDRESS (Street) 1240 Ala Moana Blvd		FAX
		EMAIL todd.apo@howardhughes.c
(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) The Howard Hughes Corporation		TELEPHONE Same
MAILING ADDRESS (No. and Street or P.O. Box) Same		FAX
		EMAIL Same
(City)	(State)	(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) The Howard Hughes Corporation		TELEPHONE Same
MAILING ADDRESS (No. and Street or P.O. Box) Same		FAX
		EMAIL Same
(City)	(State)	(Zip Code)

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
			TOTAL 0

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount \$10,000
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a



PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. <u>17-291</u> (Year) <u>2017</u> Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

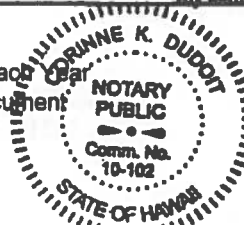
PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

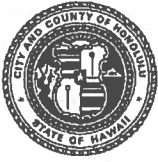
1. CFD Resolution for Ward Village - RESO 17-291 PASSED ON 11/11/17	4.
2. HCDA Board Appointments - SUPPORTED NAU MEDERLOS, WHO WAS INCLUDED IN RESO 17-42, WHICH PASSED ON 3/22/18	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII 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 <u>18</u> day of <u>January</u> , 20 <u>18</u> . By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires <u>May 23, 2018</u> CORINNE K. DUDOIT Commission No. 10-102 Notary Public, State of Hawaii
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Doc. Date: 1/18/18 # Pages: 2
 Rev. 12/2017 Corinne K. Dudoit
 Doc. Description: annual report Deadline: January 10th of Each Year
 Notary Signature: CS Date: 1/18/18
 NOTARY CERTIFICATION





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

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ANNUAL REPORT

Lobbyist Annual Report
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PART I LOBBYIST		
NAME (Last) (First) (Middle) BARRETT, W. BRUCE		TELEPHONE (808) 548-4811
MAILING ADDRESS (Street) 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) 548-4188
MAILING ADDRESS (No. and Street or P.O. Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL bbarrett@castlecooke.com
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817

PART II 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

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0.00	Receptions, Meals, Food & Beverages	Amount 0.00
Preparation & Distribution of Lobbying Materials	Amount 0.00	Media Advertising	Amount 0.00
Entertainment & Events	Amount 0.00	Other	0.00
		TOTAL	0.00

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. N/A	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p>_____ LOBBYIST SIGNATURE</p> <p>JAN - 5 2018 DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>5th</u> day of <u>January</u>, 2018</p> <p>By: <u>[Signature]</u> KYOKO PATOC, State of Hawaii NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: June 14, 2020</p>
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Rev. 12/2017 Kyoko Patoc First Judicial Circuit Doc. Description: Annual Report Doc. Date: 1/5/18 # Pages: 12 Deadline: January 10th of Each Year
 Notary Signature: [Signature] NOTE: This is a public document



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ANNUAL REPORT

Lobbyist Annual Report
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PART I LOBBYIST

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

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) <i>Civil Beat Law Center For the Public Interest</i>		TELEPHONE <i>531-4000</i>
MAILING ADDRESS (No. and Street or P.O Box) <i>700 Bishop Street, Suite 1701</i>		FAX
(City) <i>Honolulu</i> (State) <i>HI</i>		EMAIL <i>info@civilbeatlawcenter.org</i>
		(Zip Code) <i>96813</i>

PART III EXPENDITURES, BY TYPE

Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
TOTAL			<i>\$0</i>

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount <u>\$446.49</u>
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input checked="" type="checkbox"/> Specific Legislation: Bill No. <u>90</u> (Year) <u>2017</u> Reso No. _____ (Year) _____ Admin. Rule No. <u>11</u> Dept. <u>Honolulu Police Commission</u>
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

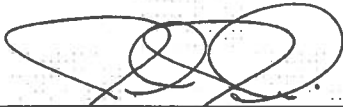
1. <u>Bill 90 amendments - pending</u>	4.
2. <u>HPC Rule 11, supporting amendments proposed by</u>	5.
3. <u>Commission - Rule adopted as proposed</u>	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

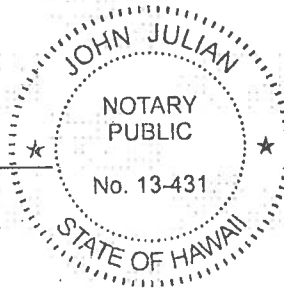
<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p><u><i>R. M. Mc</i></u> LOBBYIST SIGNATURE</p> <p><u>1-10-18</u> DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>10th</u> day of <u>JANUARY</u>, 20<u>18</u></p> <p>By: <u><i>[Signature]</i></u> JOHN JULIAN NOTARY PUBLIC NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS No. 13-431</p> <p>My commission expires: <u>12/08/21</u></p> <p>STATE OF HAWAII</p>
--	--

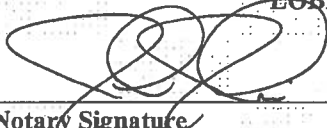
**STATE OF HAWAII
CITY AND COUNTY OF HONOLULU
FIRST JUDICIAL CIRCUIT**

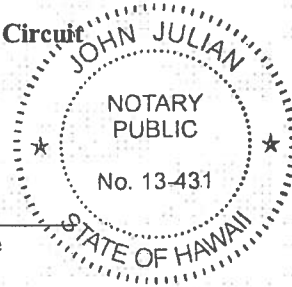
On January 10, 2018, before me personally appeared Robert B. Black, to me known to be the person (or persons) described in and who executed the foregoing instrument, and acknowledged that the person (or persons) executed the same as the person's (or persons') free act and deed.



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



Document Date: January 10, 2018	# Pages: 3
Notary Name: John Julian	First Circuit
Doc. Description: ANNUAL REPORT LOBBYIST ANNUAL REPORT	
 Notary Signature	01 / 10 / 18 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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ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Boland, Jacqueline ✓		TELEPHONE (808) 225-9378
MAILING ADDRESS (Street) 46-225 Ahui Nani PL		FAX
		EMAIL jboland@aarp.org
(City) Kaneohe	(State) HI	(Zip Code) 96744
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) AARP Hawaii		TELEPHONE 202-794-7387
MAILING ADDRESS (No. and Street or P.O. Box) 46-225 Ahui Nani PL		FAX
		EMAIL
(City) Kaneohe	(State) HI	(Zip Code) 96744

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) AARP Hawaii ✓		TELEPHONE 808-721-0643
MAILING ADDRESS (No. and Street or P.O. Box) 601 E Street NW		FAX
		EMAIL
(City) Washington	(State) DC	(Zip Code) 20049

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
TOTAL			0.00

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a


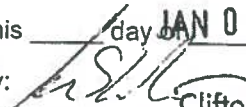
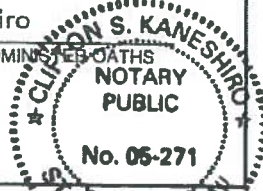
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (Indicate below): <u>NONE 01/10/18</u>		

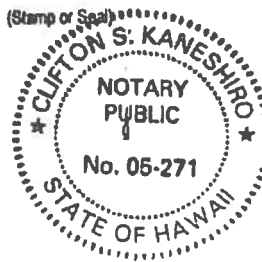
PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. <u>NONE 01/10/18</u>	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

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

Doc. Date: JAN 09 2018 # Pages: 2
Notary Name: Clifton S. Kaneshiro 2nd Circuit
Doc. Description: Annual Report (Stamp or Seal)
[Signature] 1/09/2018
Notary Signature Date





Hawaiian Humane Society

People for animals. Animals for people.

2700 Waialae Avenue Honolulu, Hawaii 96826
808.356.2200 • HawaiianHumane.org

HONOLULU
ETHICS COMMISSION
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Feb 26 2018

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Board of Directors

February 23, 2018

Robert H. Armstrong
Chair

Eric Ako, DVM
Vice Chair

Mike Ching
Treasurer

Rebecca "Becki" Ward
Secretary

Lisa Fowler
President/CEO

Jan K. Yamane
Executive Director & Legal Counsel
Honolulu Ethics Commission
Kapalama Hale
925 Dillingham Blvd. Suite 190
Honolulu, HI 96817

Aloha Ms. Yamane,

Robert R. Bean

Francie Boland

Tim Brauer

John C. Dean

Nick Dreher

Brandt Farias

Ernest H. Fukeda, Jr.

Elizabeth Rice Grossman

Pamela S. Jones

Mi Kosasa

Susan Kosasa

Kent T. Lucien

Stephen B. Metter

Lawrence D. Rodriguez

Ginny Tiu

Virginia S. Weinman

Rick Zwern

Please be advised that a 2017 Lobbyist Annual Report form will not be submitted for former Hawaiian Humane Society President & CEO Pamela Burns as she sadly passed away on September 18, 2017.

Should you need any additional information, please feel free to contact me at 356-2232.

Mahalo,

Lisa Fowler
President & CEO



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

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

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ANNUAL REPORT

Lobbyist Annual Report
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PART I LOBBYIST		
NAME (Last) (First) (Middle) Caballero, Mateo		TELEPHONE 808-522-5908
MAILING ADDRESS (Street) P.O. Box 3410		FAX 808-522-5909
(City) Honolulu		EMAIL mcaballero@acluhawaii.org
(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) 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
(City) Honolulu		EMAIL
(State) Hawaii	(Zip Code) 96801	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) 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
(City) Honolulu		EMAIL
(State) Hawaii	(Zip Code) 96801	

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
	\$ 0.00		\$ 0.00
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
	\$ 0.00		\$ 0.00
Entertainment & Events	Amount	Other	
	\$ 0.00		
TOTAL		\$ 0.00	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount \$ 0.00
Compensation	Amount \$ 445.00
Contributions	Amount \$ 0.00
Membership Fees	Amount \$ 0.00
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a


PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1.	4.
2.	5.
3.	<input checked="" type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

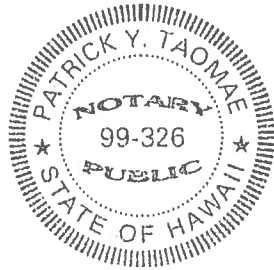
I hereby certify that the foregoing statements are true and correct.  _____ LOBBYIST SIGNATURE 1/29/18 _____ DATE	Subscribed and sworn to before me This _____ day of _____, _____ By: <u>See attached notary page</u> _____ NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: _____
--	---

Part VI. Policy Making Process Decisions You Sought to Influence and Outcome

1. Resolution Bill 17-255, Relating to Law Enforcement Assisted Diversion Program, Support: Adopted.
2. Bill 83, Relating to Public Sidewalks, Oppose: Deferred.
3. Bill 87, Relating to Public Sidewalks, Oppose: Deferred.
4. Bill 88, Relating to Public Sidewalks, Oppose: Deferred.
5. Bill 99, Relating to Bus Stops, Oppose: Pending.

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

The foregoing undated City And County Of Honolulu Ethics Commission Lobbyist Annual Report consisting of two (2) pages was subscribed, sworn to, and acknowledged before me by MATEO CABALLERO in the First Circuit of the State of Hawaii on this 29th 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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ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Case, Ed		TELEPHONE 921-6616
MAILING ADDRESS (Street) 2375 Kuhio Avenue		FAX
		EMAIL ed.case@outrigger.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) Outrigger Hotels Hawaii		TELEPHONE 921-6616
MAILING ADDRESS (No. and Street or P.O Box) 2375 Kuhio Avenue		FAX
		EMAIL ed.case@outrigger.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96815

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Outrigger Hotels Hawaii		TELEPHONE 921-6616
MAILING ADDRESS (No. and Street or P.O Box) 2375 Kuhio Avenue		FAX
		EMAIL ed.case@outrigger.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96815

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL	0.00

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount \$1,250.00
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a


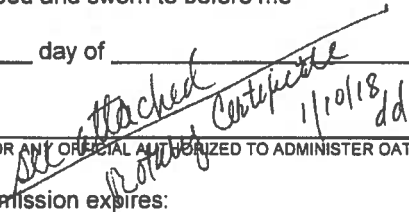
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input checked="" type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. <u>17-60</u> (Year) <u>2017</u> Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. Resolution 17-60: passed	4.
2. Beachcomber project permitting: ongoing	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

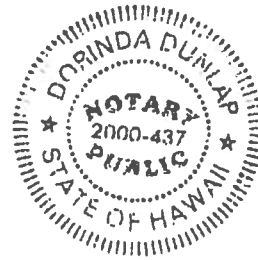
I hereby certify that the foregoing statements are true and correct.  _____ LOBBYIST SIGNATURE _____ DATE	Subscribed and sworn to before me This ____ day of ____ By: _____ NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: _____ 
---	--

STATE OF HAWAII)
)
CITY AND COUNTY OF HONOLULU)

Subscribed and sworn to before me this 10th day of January, 2018

by Ed Case

Dorinda Dunlap
Notary Public, State of Hawaii
Dorinda Dunlap



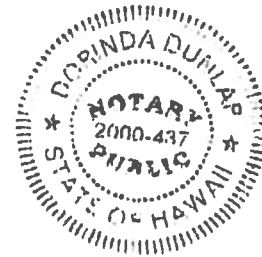
My commission expires September 15, 2020

NOTARY CERTIFICATION STATEMENT

Doc. Date: Jan. 10, 2018 No. of Pages: 1 (front & back)
+ this notary certificate
Dorinda Dunlap Jurisdiction: First Circuit
Printed Name of Notary

Document Identification or Description: Honolulu Ethics
Commission Annual Applicant Report

Dorinda Dunlap January 10, 2018
Signature of Notary Date of Notarization and
Certification Statement





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

TEL: (808) 766-9242 FAX: (808) 768-7768
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ANNUAL REPORT

Lobbyist Annual Report
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PART I LOBBYIST		
NAME (Last) (First) (Middle) CHAR, Susan M.		TELEPHONE 808-543-5865
MAILING ADDRESS (Street) P. O. Box 2750		FAX 808-203-1635
		EMAIL susan.char@hawaiianelectric.com
(City) Honolulu	(State) HI	(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 ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaiian Electric Company, Inc.		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box) P. O. Box 2750		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96840

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0	Receptions, Meals, Food & Beverages	Amount 0
Preparation & Distribution of Lobbying Materials	Amount 0	Media Advertising	Amount 0
Entertainment & Events	Amount 0	Other	
		TOTAL	0

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a

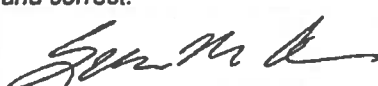
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. none in 2017	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII 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 <u>4th</u> day of <u>January</u> , <u>2018</u> . By: <u>Deborah Ichishita</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS DEBORAH ICHISHITA My commission expires: <u>July 18, 2020</u>
---	---

Doc. Date undated # Pages _____
 Name Deborah Ichishita First Name Last Name
 Doc. Description: Lobbyist Annual Report
 Signature Deborah Ichishita
 Rev. 12/2017
 Deadline: January 10th of Each Year
 This is a public document
 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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ANNUAL REPORT

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

PART II 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

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL	0

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount \$ 8,943.45
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a



PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. INTRODUCTION & ADOPTION OF RESO NO. 17-303	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p style="text-align: center;"></p> <p>LOBBYIST SIGNATURE</p> <p>JANUARY 10, 2018 DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>10TH</u> day of <u>JANUARY</u> 20<u>18</u></p> <p>By: </p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS OF HAWAII</p> <p>My commission expires: <u>6/29/2019</u></p>
--	--



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

TEL: (808) 768-9242 FAX: (808) 768-7768
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ANNUAL REPORT

Lobbyist Annual Report
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PART I LOBBYIST		
NAME (Last) (First) (Middle) Ching, Meredith J.		TELEPHONE 525-6669
MAILING ADDRESS (Street) P.O. Box 3440		FAX 525-6677
		EMAIL mching@abhi.com
(City) Honolulu	(State) HI	(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 ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Alexander & Baldwin		TELEPHONE 525-6669
MAILING ADDRESS (No. and Street or P.O Box) P.O. Box 3440		FAX 525-6677
		EMAIL mching@abhi.com
(City) Honolulu	(State) HI	(Zip Code) 96801

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0	Receptions, Meals, Food & Beverages	Amount 0
Preparation & Distribution of Lobbying Materials	Amount 0	Media Advertising	Amount 0
Entertainment & Events	Amount 0	Other	
		TOTAL	0

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount 0
Compensation	Amount \$120.00
Contributions	Amount 0
Membership Fees	Amount 0
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

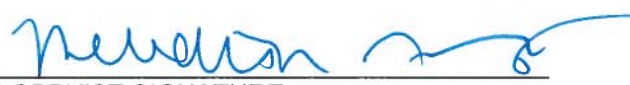

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

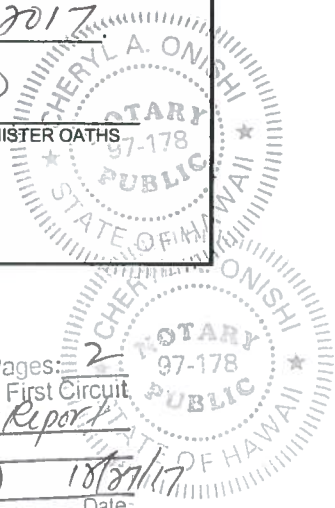
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input checked="" type="checkbox"/> Specific Legislation: Bill No. 26 (Year) 2017 Reso No. (Year) Admin. Rule No. Dept.
<input type="checkbox"/> Other (indicate below):		

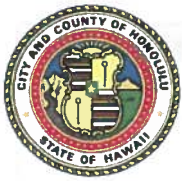
PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. Executive Capital Budget (Enacted)	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p></p> <p>LOBBYIST SIGNATURE</p> <p><u>12/27/17</u></p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>27th</u> day of <u>December</u>, 2017.</p> <p>By: </p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS CHERYL A. ONISHI</p> <p>My commission expires: <u>APR 17 2021</u></p>
--	--





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

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

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ANNUAL REPORT

Lobbyist Annual Report
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PART I LOBBYIST		
NAME (Last) (First) (Middle) Chang, Dwight P.		TELEPHONE 808-952-7599
MAILING ADDRESS (Street) 818 Keeaumoku St. Honolulu, HI 96814		FAX 808-948-7580
(City) Honolulu	(State) HI	EMAIL
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		(Zip Code) 96814
MAILING ADDRESS (No. and Street or P.O Box)		TELEPHONE
(City)		FAX
(State)		EMAIL
		(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Medical Service Association		TELEPHONE 952-7599
MAILING ADDRESS (No. and Street or P.O Box) 818 Keeaumoku St.		FAX 948-7580
(City) Honolulu	(State) HI	EMAIL
		(Zip Code) 96814

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
	0		0
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
	0		0
Entertainment & Events	Amount	Other	Amount
	0		0
TOTAL			0

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount \emptyset
Compensation	Amount * 2,500
Contributions	Amount \emptyset
Membership Fees	Amount \emptyset <i>MME 2-2-19</i>
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): <i>NONE MME 2-2-19</i>		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. <i>NONE MME 2-2-19</i>	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p style="text-align: center;"><i>[Signature]</i></p> <p>LOBBYIST SIGNATURE _____</p> <p style="text-align: center;"><i>2/1/19</i></p> <p>DATE _____</p>	<p style="text-align: center;"><i>See separate Notary Certification page.</i></p> <p>Subscribed and sworn to before me</p> <p>This _____ day of _____, _____.</p> <p>By: _____</p> <p style="text-align: center;">NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: _____</p>
---	---

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

On this 2nd day of January, 2018, before me personally appeared Dwight P. Chong, to me known to be the person(s) described in and who executed the foregoing instrument and acknowledged 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: Honolulu Ethics Commission
Annual Report

Kimberly Jonas 2/2/18
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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ANNUAL REPORT

Lobbyist Annual Report
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PART I LOBBYIST		
NAME (Last) (First) (Middle) Chow, Tabetba		TELEPHONE (808) 225-9378
MAILING ADDRESS (Street) 615 Piikoi St. #402		FAX
		EMAIL tabatha@uber.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) Uber Technologies, Inc		TELEPHONE 202-794-7387
MAILING ADDRESS (No. and Street or P.O Box) 1455 Market Street, 4th Floor		FAX
		EMAIL
(City) San Francisco	(State) CA	(Zip Code) 94103

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Uber Technologies, Inc ✓		TELEPHONE 202-794-7387
MAILING ADDRESS (No. and Street or P.O Box) 1455 Market Street, 4th Floor		FAX
		EMAIL
(City) San Francisco	(State) CA	(Zip Code) 94103

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL	0.00

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation 9,500.00	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a



PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

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

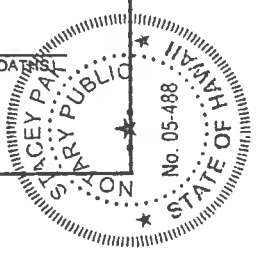
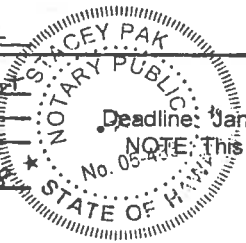
PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. Transportation Network Company	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII 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 8 th day of January, 2018. By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: COMMISSION EXPIRES ON JULY 19, 2019
---	---

Doc. Date: No. Date # Pages: 2
 Stacey Pak First Circuit
 Doc. Description: Annual Report



Rev. 12/2017
 Deadline: January 10th of Each Year
 NOTE: This is a public document
 Notary Signature:  Date: 01/08/18

NOTARY CERTIFICATION



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

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ANNUAL REPORT

Lobbyist Annual Report
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PART I LOBBYIST		
NAME (Last) (First) (Middle) Cooley, Bethanne		TELEPHONE 202-736-3200
MAILING ADDRESS (Street) 1400 16th St. NW Suite 600		FAX 202-785-0721
(City) Washington		EMAIL BCooley@ctia.org
(State) DC	(Zip Code) 20036	
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) N/A		TELEPHONE
MAILING ADDRESS (No. and Street or P.O. Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) CTIA - The Wireless Association		TELEPHONE 202-736-3200
MAILING ADDRESS (No. and Street or P.O. Box) 1400 16th St. NW Suite 600		FAX 202-785-0721
(City) Washington		EMAIL MDeTora@ctia.org
(State) DC	(Zip Code) 20036	

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL	0.00

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees _____	Amount _____
Compensation _____	Amount \$130.83
Contributions _____	Amount _____
Membership Fees _____	Amount _____
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a



PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

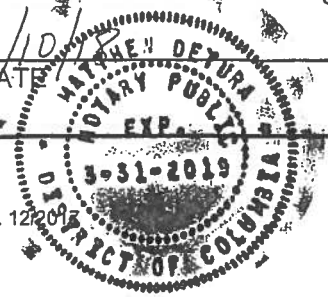
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. Streamlining deployment of wireless infrastructure	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII 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 10 th day of January, 2018. By:  _____ NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: 3-31-19 _____
--	--





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

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ANNUAL REPORT

Lobbyist Annual Report
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PART I LOBBYIST		
NAME (Last) (First) (Middle) Coppa, Bruce ✓		TELEPHONE (808) 531-4551
MAILING ADDRESS (Street) 222 South Vineyard Street, Suite 401		FAX (808) 533-4601
		EMAIL brucopp@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) 222 South Vineyard Street, Suite 401		FAX (808) 531-4551
		EMAIL brucopp@gmail.com
(City) Honolulu	(State) HI	(Zip Code) 96813

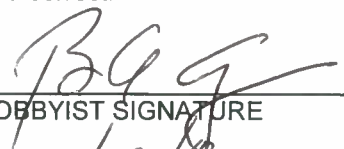

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Airbnb, Inc. ✓		TELEPHONE (415) 388-6874
MAILING ADDRESS (No. and Street or P.O Box) c/o Joel Aurora NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP -N/2350 Kemer Blvd., Suite 250		FAX (415) 388-6874
		EMAIL airbnb@nmgovlaw.com
(City) San Rafael	(State) CA	(Zip Code) 94901

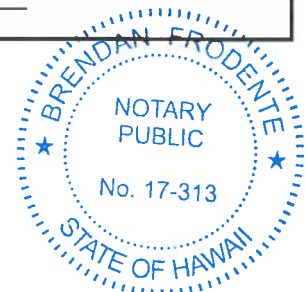
PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL -NA-	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING	
Fees	Amount
Compensation	Amount \$12,565.44
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME	
1. Bill 17-94 Deferred	4. Resolution 17-52 Passed; Resolution 17-163 Passed
2. Bill 17-100 Deferred	5. Resolution 17-164 Passed; Resolution 17-276 Passed
3. Bill 17-110 Introduced; Resolution 17-301 Passed	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION	
<i>I hereby certify that the foregoing statements are true and correct.</i>  LOBBYIST SIGNATURE DATE <u>1/10/18</u>	Subscribed and sworn to before me This <u>10th</u> day of <u>January</u> , <u>2018</u> By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>7/25/21</u>



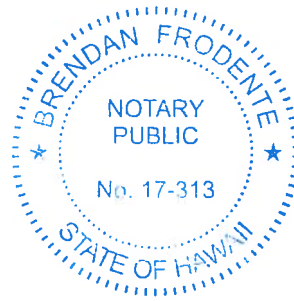
Doc. Date: undated # Pages 2

Notary Name: Brendan Frodente First Circuit

Doc. Description Annual Report

B.F.
Notary Signature

1/10/18
Date





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

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ANNUAL REPORT

Lobbyist Annual Report
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PART I LOBBYIST		
NAME (Last) (First) (Middle) Coppa, Bruce		TELEPHONE (808) 531-4551
MAILING ADDRESS (Street) 222 South Vineyard Street, Suite 401		FAX (808) 533-4601
		EMAIL brucopp@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) 222 South Vineyard Street, Suite 401		FAX (808) 531-4551
		EMAIL brucopp@gmail.com
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) American Chemistry Council		TELEPHONE (916) 448-2581
MAILING ADDRESS (No. and Street or P.O. Box) 1121 L Street, Suite 609		FAX (916) 442-2449
		EMAIL Tim_Shestek@americanchemist
(City) Sacramento	(State) CA	(Zip Code) 95814

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL -NA-	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount \$4,250
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

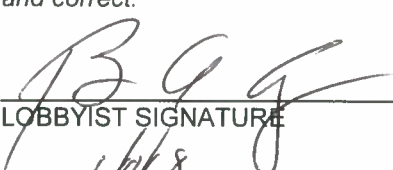

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

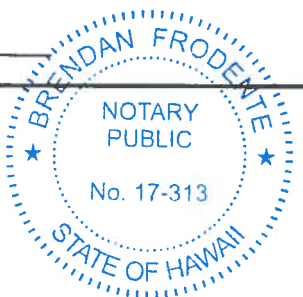
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. Bill 17-71 Deferred	4. Resolution 17-311 Introduced
2. Bill 17-73 Deferred	5. Resolution 17-340 Introduced
3. Bill 17-108 Introduced	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE DATE <u>1/10/18</u>	Subscribed and sworn to before me This <u>10th</u> day of <u>January</u> , <u>2018</u> By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>7/25/21</u>
--	--

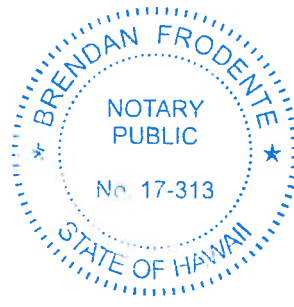


Doc. Date: undated # Pages 2

Notary Name: Brendan Frodente First Circuit

Doc. Description Annual Report

[Signature] 1/10/18
Notary Signature Date





HONOLULU ETHICS COMMISSION
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ANNUAL REPORT

Lobbyist Annual Report
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PART I LOBBYIST		
NAME (Last) (First) (Middle) Coppa, Bruce		TELEPHONE (808) 531-4551
MAILING ADDRESS (Street) 222 South Vineyard Street, Suite 401		FAX (808) 533-4601
		EMAIL brucopp@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) 222 South Vineyard Street, Suite 401		FAX (808) 531-4551
		EMAIL brucopp@gmail.com
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaiian Memorial Life Plan Ltd.		TELEPHONE (808) 522-5233
MAILING ADDRESS (No. and Street or P.O. Box) 1330 Maunakea Street		FAX (808) 522-9310
		EMAIL jay.morford@dignitymemorial.com
(City) Honolulu	(State) HI	(Zip Code) 96813

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
			TOTAL -NA-

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount \$5,759.16
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a




PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

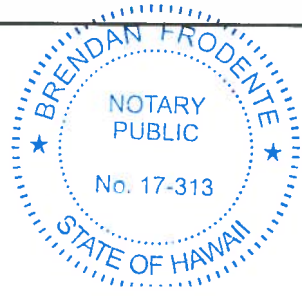
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/>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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. Bill 17-1 Deferred	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE  DATE	Subscribed and sworn to before me This <u>10th</u> day of <u>January</u> , <u>2018</u> By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>7/25/21</u>
--	---

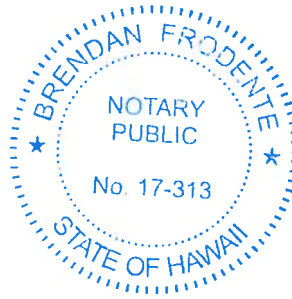


Doc. Date: undated # Pages 2

Notary Name: Brendan Frodente First Circuit

Doc. Description Annual Report

[Signature] 1/10/18
Notary Signature Date





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

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ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Coppa, Bruce		TELEPHONE (808) 531-4551
MAILING ADDRESS (Street) 222 South Vineyard Street, Suite 401		FAX (808) 533-4601
		EMAIL brucopp@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) 222 South Vineyard Street, Suite 401		FAX (808) 531-4551
		EMAIL brucopp@gmail.com
(City) Honolulu	(State) HI	(Zip Code) 96813



PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Kamehameha Schools		TELEPHONE (808) 523-6348
MAILING ADDRESS (No. and Street or P.O. Box) 567 S. King Street, Suite 400		FAX
		EMAIL kaburges@ksbe.edu
(City) Honolulu	(State) HI	(Zip Code) 96813

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL -NA-	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING	
Fees	Amount
Compensation	Amount \$3,821.75
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

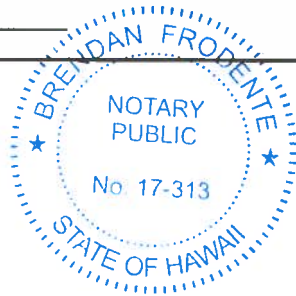
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED		
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/>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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME	
1. Bill 17-58 Passed second reading	4.
2. Bill 17-59 Passed second reading	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION	
<i>I hereby certify that the foregoing statements are true and correct.</i>  LOBBYIST SIGNATURE DATE <u>1/10/18</u>	Subscribed and sworn to before me This <u>10th</u> day of <u>January</u> , <u>2018</u> By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>7/25/21</u>

Rev. 12/2017

Deadline: January 10th of Each Year
 NOTE: This is a public document



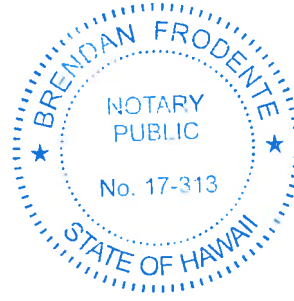
NOTARY CERTIFICATION ATTACHED
 (see back)

Doc. Date: undated # Pages 2

Notary Name: Brendan Frodente First Circuit

Doc. Description Annual Report

[Signature] 1/10/18
Notary Signature Date





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ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Delaunay, Christopher M.		TELEPHONE 808-528-5557
MAILING ADDRESS (Street) 1100 Alakea Street, 4th Floor		FAX 808-528-0421
(City) Honolulu		EMAIL cdelaunay@prp-hawaii.com
(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)		(Zip Code)
(State)		

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Pacific Resource Partnership		TELEPHONE 808-528-5557
MAILING ADDRESS (No. and Street or P.O Box) 1100 Alakea Street, 4th Floor		FAX 808-528-0421
(City) Honolulu		EMAIL
(State) HI		(Zip Code) 96813

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount 48.68	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL	48.68

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

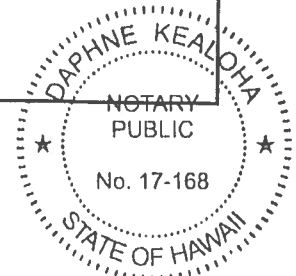
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. Reso 17-221 - adopted	4.
2. Reso 17-333 - deferred	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p><u><i>Ch Deery</i></u> LOBBYIST SIGNATURE</p> <p><u>1/3/18</u> DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>3rd</u> day of <u>January</u>, 20<u>18</u>.</p> <p>By: <u><i>Daphne Kealoha</i></u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>June 11, 2021</u></p>
---	---





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

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ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) (First) (Middle) DEWEESE, Garen R.		TELEPHONE 808-543-5806	
MAILING ADDRESS (Street) P. O. Box 2750		FAX 808-203-1634	
		EMAIL garen.deweese@hawaiianelectri	
(City) Honolulu	(State) HI	(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 ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaiian Electric Company, Inc. ✓		TELEPHONE	
MAILING ADDRESS (No. and Street or P.O. Box) P. O. Box 2750		FAX	
		EMAIL	
(City) Honolulu	(State) HI	(Zip Code) 96840	

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0	Receptions, Meals, Food & Beverages	Amount 0
Preparation & Distribution of Lobbying Materials	Amount 0	Media Advertising	Amount 0
Entertainment & Events	Amount 0	Other	
		TOTAL 0	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a


PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

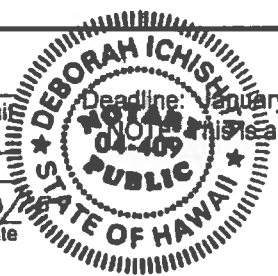
1. none in 2017	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE _____ DATE	Subscribed and sworn to before me This <u>8th</u> day of <u>January</u> , 2018. By: <u>Deborah Ichishita</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS DEBORAH ICHISHITA My commission expires: July 18, 2020
--	--



Doc. Date: undated # Pages: 2 Deadline: January 10th of Each Year
 Name: Deborah Ichishita First Circuit: NOTICE This is a public document
 Doc. Description: Lobbyist ANNUAL Report
 Signature: Deborah Ichishita Date: 1/8/18
 NOTARY CERTIFICATION





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

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ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Dos Santos-Tam, Tyler F.		TELEPHONE 808-348-8885
MAILING ADDRESS (Street) 1617 Palama St		FAX
		EMAIL execdir@hawaiiconstructionallian
(City) Honolulu	(State) HI	(Zip Code) 96817
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 ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Construction Alliance ✓		TELEPHONE 808-348-8885
MAILING ADDRESS (No. and Street or P.O Box) PO Box 179441		FAX
		EMAIL execdir@hawaiiconstructionallian
(City) Honolulu	(State) HI	(Zip Code) 96817

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount 707.66
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	\$35.49
			TOTAL 743.15

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation Pro-Rata Salary for Time Actively Lobbying	Amount 3,181.50
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. See attached sheet.	4.
2.	5.
3.	<input checked="" type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

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

Subscribed and sworn to before me

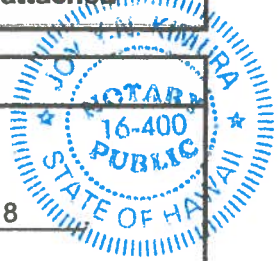
This 8 th day of January, 2018

By: Joy Y.N. Kimura
NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires: 11/20/20 Doc. Date: 1-8-18 # Pages: 2

Notary Name: Joy Y.N. Kimura Circuit

Doc. Description: City and County of Honolulu Lobbyist Annual Report Form



[Signature]
 LOBBYIST SIGNATURE
 January 8, 2018
 DATE

“POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME”

Item	Position	Description	Outcome
Bill 1 (2017)	Comments	Relating to the Adoption of the Revised Ko‘olau Loa Sustainable Communities Plan.	Ongoing.
Bill 3 (2016)	Support	Amending Amendment 221 of ROH Chapter 16 (“Building Code”) with respect to construction barriers.	Approved.
Bill 3 (2017)	Support	Amending the ordinances pertaining to the county surcharge on general excise and use taxes.	Approved.
Bill 25	Comments	Relating to the Executive Operating Budget and Program.	Approved.
Bill 26	Comments	Relating to the Executive Capital Budget and Program.	Approved.
Bill 33	Support	Relating to the Honolulu Authority for Rapid Transportation Capital Budget.	Approved.
Bill 34	Support	Authorizing the issuance and sale of general obligation bonds and bond anticipation notes.	Approved.
Bill 45	Support	Relating to the Transportation Surcharge.	Approved.
Bill 54	Comments	Relating to Wind Machines.	Approved.
Bill 58	Comments	Establishing an Affordable Housing Requirement.	Ongoing.
Bill 59	Support	Relating to Affordable Housing Incentives.	Ongoing.
Bill 78	Support	Establishing a process to obtain sponsorships for city facilities, parks, programs, equipment, and tangible property.	Approved.
IPD-T 2017/SDD-24	Support	Interim Planned Development – Transit and Special District Permit (Major) for project located on Kapiolani Boulevard.	Approved.
IPD-T 2017/SDD-40	Support	Interim Planned Development – Transit and Special District Permit (Major) for project located at Keeaumoku/Makaloa Streets.	Approved.
Reso 16-255	Support	Establishing a permitted interaction group to investigate funding options for the Honolulu High Capacity Transit Corridor Project.	Approved.
Reso 16-293	Support	Approving the Ala Moana Neighborhood Transit-Oriented Development (TOD) Plan.	Approved.
Reso 17-172	Support	Relating to a Memorandum of Understanding for General Obligation Bonds.	Approved.
Reso 17-173	Support	Relating to General Obligation Bonds.	Approved.
Reso 17-177	Support	Relating to the Keahumoa Place Affordable Housing Project.	Approved.
Reso 17-221	Support	Approving an Interim Planned Development – Transit and Special District Permit (Major) for project located on Kapiolani Boulevard.	Approved.
Reso 17-276	Support	Proposing an Amendment to ROH Chapter 21, Relating to Detached Dwellings.	Approved.
Reso 17-303	Support	Proposing an Amendment to Chapter 21, ROH, Relating to Planned Development-Resort and Planned Development-Apartment Projects.	Approved.
Reso 17-332	Support	Granting a Plan Review Use Permit for the St. Francis Healthcare System of Hawaii at Liliha Campus Expansion.	Approved.
Reso 17-67	Support	Requesting the City Administration to report to the Council on the status of the establishment of the Office of Climate Change, Sustainability, and Resiliency.	Approved.



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

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ANNUAL REPORT

Lobbyist Annual Report
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PART I LOBBYIST			
NAME (Last) (First) (Middle) Egged, Rick		TELEPHONE (808) 923-0775	
MAILING ADDRESS (Street) 2250 Kalakaua Ave. Suite 315		FAX (808) 923-2622	EMAIL rick@waikikiimprovement.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96815	
LOBBYIST FIRM/EMPLOYER (F3 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 ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) 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 III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount 0	Media Advertising	Amount
Entertainment & Events	Amount 0	Other	
		TOTAL	0.00

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PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount \$1,890
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

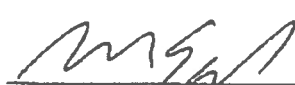

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

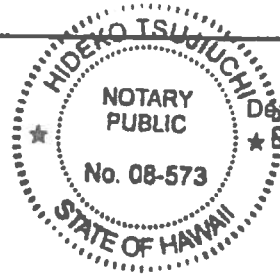
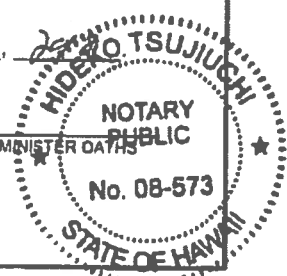
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. Creation of Waikiki Transportation Management District	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 3-12-2018 DATE	Subscribed and sworn to before me This <u>12</u> day of <u>MARCH</u> By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>DECEMBER 14 2020</u>
--	---



Rev 12/2017

Deadline: January 10th of Each Year
 * NOTE: This is a public document

Doc. Date: 3/12/18 # Pages 2
 Notary Name: HIDEKO TSUJICHI Circuit
 Doc. Description: ANNUAL REPORT


 Notary Signature 3/12/18
 Date

ADDENDUM TO PART VI MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

Creation of the Waikīki Transportation Management District specifically the passage and signing into law of Bills 63 and 64 of 2017.



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

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ANNUAL REPORT

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

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Pacific Resource Partnership		TELEPHONE 808-528-5557
MAILING ADDRESS (No. and Street or P.O Box) 1100 Alakea Street, 4th Floor		FAX 808-528-0421
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount 546.88
Preparation & Distribution of Lobbying Materials	Amount 245.07	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL	791.95

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

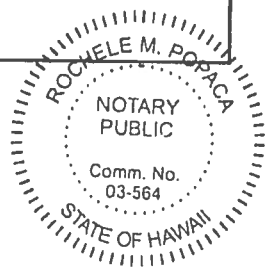
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. Bill 3 (2017) - approved/ordinance	4. Reso 17-103 - adopted
2. Bill 78 (2015) - approved/ordinance	5. Reso 16-293 - filed pursuant to ROH Sec 1-2.5
3. Reso 17-67 - adopted	<input checked="" type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

<p>I hereby certify that the foregoing statements are true and correct.</p> <p><i>[Signature]</i> _____ LOBBYIST SIGNATURE</p> <p>1/4/2018 _____ DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>4th</u> day of <u>JANUARY</u>, 2018.</p> <p>By: <i>[Signature]</i> _____ NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS Rochele M. Popack</p> <p>My commission expires: <u>SEP 28 2019</u></p>
---	--



Stacy E.O. Ellamar
Pacific Resource Partnership
1100 Alakea Street, 4th Floor
Honolulu, HI 96813

Additional Sheet

Part VI Policy Making Process Decisions You Sought to Influence and Outcome

6. Reso 17-172 - adopted
7. Reso 17-173 - adopted
8. Reso 17-177 - adopted
9. Bill 59 (2017) - pending
10. Reso 17-333 – deferred



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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ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) ENDO-OMOTO, Darcy K.		TELEPHONE 808-543-4818
MAILING ADDRESS (Street) P. O. Box 2750		FAX 808-203-1147
		EMAIL darcy.endo@hawaiianelectric.com
(City) Honolulu	(State) HI	(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 ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaiian Electric Company, Inc. ✓		TELEPHONE
MAILING ADDRESS (No. and Street or P.O. Box) P. O. Box 2750		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96840

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0	Receptions, Meals, Food & Beverages	Amount 0
Preparation & Distribution of Lobbying Materials	Amount 0	Media Advertising	Amount 0
Entertainment & Events	Amount 0	Other	
		TOTAL	0

Rev. 12/2017

Deadline: January 10th of Each Year

NOTE: This is a public document

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. none in 2017	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

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

Subscribed and sworn to before me

This 9th day of January, 2018

By: [Signature]

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires: 11/3/21

LOBBYIST SIGNATURE: [Signature]

DATE: 1/9/18

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

Rev. 12/2017

Deadline: January 15th of Each Year

NOTE: This is a public document

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

Name: LESLIE IKEI 19 Circuit

Doc. Description: Honolulu Ethics Commission Annual Report

Notary Signature: [Signature] Date: 1/9/18

My Commission Expires: 11/3/21

LESLIE IKEI
NOTARY PUBLIC
Comm. No. 13-380
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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ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Evensen, Stacy		TELEPHONE (808) 524-4155
MAILING ADDRESS (Street) 1000 Bishop Street, Suite 503		FAX
		EMAIL stacyevensen@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) BT Consulting, Inc. dba Advocates		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box) 1000 Bishop Street, suite 503		FAX
		EMAIL
(City) Honoululu	(State) HI	(Zip Code) 96813

PART II 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

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL 0	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input checked="" type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input checked="" type="checkbox"/> Specific Legislation: Bill No. 22 _____ (Year) 2017 Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. Bill enacted as ordinance 17-43	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

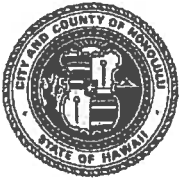
<p>I hereby certify that the foregoing statements are true and correct.</p> <p><u><i>Gregy Rolosen</i></u> LOBBYIST SIGNATURE</p> <p><u>Dec. 28, 2017</u> DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>28th</u> day of <u>December</u>, <u>2017</u>.</p> <p>By: <u><i>Tammy M. Oshimura</i></u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS TAMMY M. OSHIMURA Notary Public, State of Hawaii My commission expires: <u>9-22-2020</u> L.S.</p>
--	--

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

Notary Name: TAMMY M. YOSHIMURA First Circuit

Doc. Description: Annual Report
Lobbyist Annual Report

Tammy M. Yoshimura 12/28/2017 L.S.
Notary Signature Date (Stamp or Seal)



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

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

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ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

'18 JAN 12 P1:47

PART I LOBBYIST		
NAME (Last) (First) (Middle) Field Laurie Ann		TELEPHONE 808-954-4736
MAILING ADDRESS (Street) 1380 S. King St., Ste. 309		FAX
(City) Honolulu	(State) HI	EMAIL laurie.field@ppnh.org
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		(Zip Code) 96814
MAILING ADDRESS (No. and Street or P.O. Box)		TELEPHONE
		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Planned Parenthood Votes Northwest and Hawaii		TELEPHONE 808-954-4736
MAILING ADDRESS (No. and Street or P.O. Box) 2001 E. Madison St.		FAX
(City) Honolulu	(State) HI	EMAIL laurie.field@ppnh.org
		(Zip Code) 98122

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL	0

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount 0
Compensation	Amount \$ 11223
Contributions	Amount 0
Membership Fees	Amount 0
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

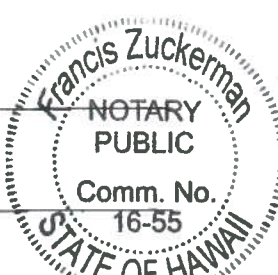
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

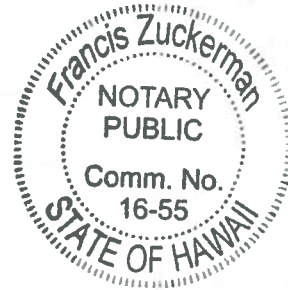
1. NONE up to 1/22/18	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 45%;"> <p style="font-size: 1.2em; color: blue;"><i>[Signature]</i></p> <p>LOBBYIST SIGNATURE</p> <p style="font-size: 1.2em; color: blue;">1/9/18</p> <p>DATE</p> </div> <div style="width: 45%; text-align: center;">  </div> </div>	<p>Subscribed and sworn to before me</p> <p>This 9th day of January, 2018.</p> <p>By: <i>[Signature]</i></p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p style="text-align: right;">Francis Zuckerman My Commission Expires: February 14, 2020</p> <p style="color: blue;">*NOTARY CERT ON REVERSE</p>
---	---

Doc. Date: UNDATED #Pages: 2
Notary Name: Francis Zuckerman First Circuit
Doc Description: ANNUAL REPORT

[Signature] 9 JAN 2018
Notary Signature Date



Francis Zuckerman
My Commission Expires
February 14, 2020



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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ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

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



PART II 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

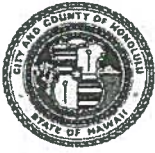
PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL	0

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING	
Fees	Amount \$ 57,013.59
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME	
1. INTRODUCTION & ADOPTION OF RESO NO. 17-303	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION	
<i>I hereby certify that the foregoing statements are true and correct.</i>  LOBBYIST SIGNATURE JANUARY 10, 2018 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: 6/29/2019



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

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

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AMENDED ✓ ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) FISHER, DUANE R.		TELEPHONE (808) 537-6100
MAILING ADDRESS (Street) 733 BISHOP STREET, SUITE 1900		FAX (808) 537-5434
		EMAIL dfisher@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 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

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other Photocopying-\$41.50; scanning-\$3.85; courier services-\$13.61; conference call charges - \$13.16	
		TOTAL \$ 72.12	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount \$ 57,013.59
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

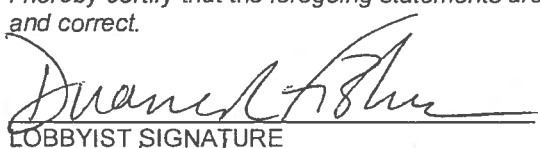
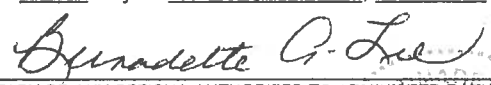
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

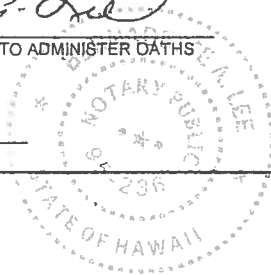
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/>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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. INTRODUCTION & ADOPTION OF RESO NO. 17-303	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE <u>2/12/18</u> DATE	Subscribed and sworn to before me This <u>12th</u> day of <u>February</u> , 2018 By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>6/29/2019</u>
---	---



NOTARY CERTIFICATION STATEMENT

Doc. Date: February 12, 2018 Undated at time of notarization

Document Description: City and County of Honolulu Ethics Commission Amended Lobbyist Annual Report for Duane R. Fisher (Park Hotels & Resorts Inc.)

No. of Pages: 3

Jurisdiction: First Judicial Circuit
Honolulu, Hawaii

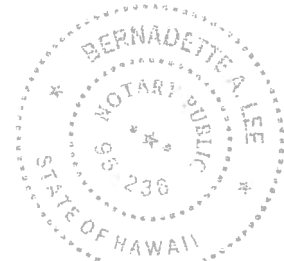
Bernadette A. Lee 2-12-2018

Signature of Notary

Date of Notarization and
Certification Statement

Bernadette A. Lee

Printed Name of Notary



(Official Stamp or Seal)



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

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

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ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) FUKUHARA, TROY T.		TELEPHONE (808) 548-4811
MAILING ADDRESS (Street) 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) 548-4188
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

PART II 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

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0.00	Receptions, Meals, Food & Beverages	Amount 0.00
Preparation & Distribution of Lobbying Materials	Amount 0.00	Media Advertising	Amount 0.00
Entertainment & Events	Amount 0.00	Other	0.00
		TOTAL	0.00

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a


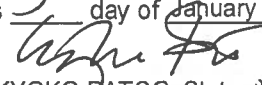
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

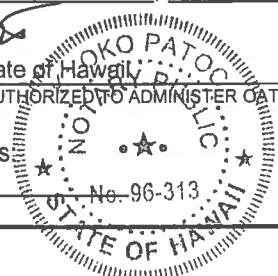
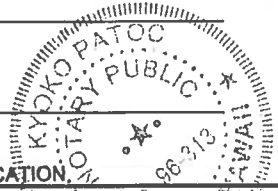
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. N/A	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

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





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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ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) FUKUHARA, TROY A.		TELEPHONE (808) 548-4811
MAILING ADDRESS (Street) 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) 548-4188
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

PART II 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

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0.00	Receptions, Meals, Food & Beverages	Amount 0.00
Preparation & Distribution of Lobbying Materials	Amount 0.00	Media Advertising	Amount 0.00
Entertainment & Events	Amount 0.00	Other	0.00
		TOTAL	0.00

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a

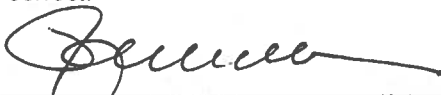

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

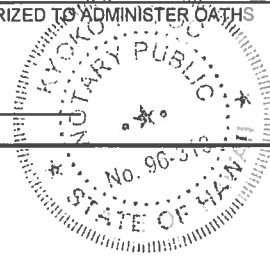
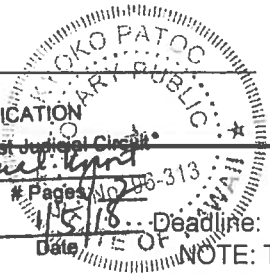
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure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


PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. N/A	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

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



Kyoko Patoc
 Doc. Description: Annual Report
 Doc. Date: 1/5/18 # Pages: 2
 Notary Signature:  Date: 1/5/18
 Rev. 12/2017 Deadline: January 10th of Each Year
 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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ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) FUKUHARA, TROY T.		TELEPHONE (808) 548-4811
MAILING ADDRESS (Street) 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) 548-4188
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

PART II 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

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0.00	Receptions, Meals, Food & Beverages	Amount 0.00
Preparation & Distribution of Lobbying Materials	Amount 0.00	Media Advertising	Amount 0.00
Entertainment & Events	Amount 0.00	Other	0.00
		TOTAL	0.00

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a

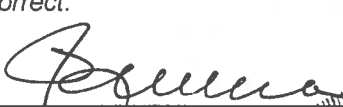
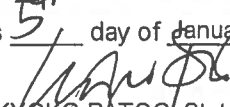
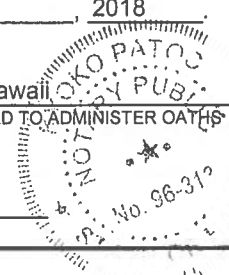
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. N/A	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p></p> <p>LOBBYIST SIGNATURE</p> <p>JAN - 5 2018</p> <p>DATE</p> <p>Kyoko Patoc Doc. Description: Annual Report Doc. Date: 1/5/18 Notary Signature</p>	<p>Subscribed and sworn to before me</p> <p>This <u>5th</u> day of <u>January</u>, 2018</p> <p>By: </p> <p>KYOKO PATOC, State of Hawaii NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: June 14, 2020</p> <p></p>
--	---



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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ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Gemini / ani, M Victor		TELEPHONE 808-587-7605
MAILING ADDRESS (Street) 119 Merchant Street, Ste. 605A		FAX
		EMAIL victor@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 ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) 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 info@hiappleseed.org
(City) Honolulu	(State) HI	(Zip Code) 96813

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
TOTAL NONE			

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount NA
Compensation	Amount \$ 500.00
Contributions	Amount NA
Membership Fees	Amount NA
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a



PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. AFFORDABLE HOUSING	4.
2. VACATION RENTALS	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

<p>I hereby certify that the foregoing statements are true and correct.</p> <p></p> <p>LOBBYIST SIGNATURE</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This 10th day of January, 2018.</p> <p>By: </p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: 11/16/2020</p>
	<p>Doc Date: 1/10/18 # Pages: 2</p> <p>Name: MARRI TROM 1st Circuit</p>





1/10/18
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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ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

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

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Sierra Club of Hawaii		TELEPHONE 538-6616
MAILING ADDRESS (No. and Street or P.O Box) P.O. Box 2577		FAX —
(City) Honolulu	(State) HI	EMAIL hawaii
		(Zip Code) —

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
	0		0
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
	0		0
Entertainment & Events	Amount	Other	Amount
	0		0
TOTAL			\$0.00

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount	Ø
Compensation	Amount	
Contributions	Amount	Ø
Membership Fees	Amount	Ø
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a	




PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. None to 0.1%	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p></p> <p>LOBBYIST SIGNATURE</p> <p>1/17/18</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This 17th day of January 2018</p> <p>By: </p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: 05-29-2019</p> 
---	--

HAWAII JURAT WITH AFFIANT STATEMENT

State of Hawaii

County of Honolulu

} ss.

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

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

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

[Handwritten signature across lines 1-7]

Signature of Signer No. 1

Signature of Signer No. 2 (if any)

This 2 page Annual Report

No. of Pages *Description of Document*

dated N/A was subscribed and sworn

Document Date

to before me this 17th day of January, 2018, in the

Day *Month* *Year*

1st Circuit Court of the State of Hawaii, by

Name of Circuit
Gary L. Gill

(.) (.)

Name of Signer No. 1

(and

n/a)

Name of Signer No. 2, if any

[Handwritten signature of Notary]

01/17/2018

Signature of Notary

Date

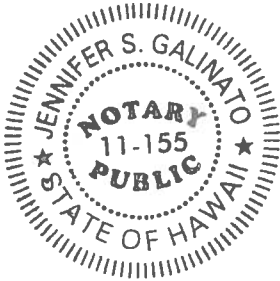
Jennifer S. Galinato

Printed Name of Notary

05/29/2019

Place Notary Seal or Stamp Above

My commission expires: _____





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

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

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ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

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

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) KYD, Inc. dba: K Yamada Distributors ✓		TELEPHONE 808-836-7301
MAILING ADDRESS (No. and Street or P.O Box) 2949 Koapaka Street		FAX
		EMAIL dy@kyd-inc.com
(City) Honolulu	(State) HI	(Zip Code) 96819

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0	Receptions, Meals, Food & Beverages	Amount 0
Preparation & Distribution of Lobbying Materials	Amount \$33.44	Media Advertising	Amount 0
Entertainment & Events	Amount 0	Other	
		TOTAL \$33.44	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount \$9,250
Compensation	Amount 0
Contributions	Amount 0
Membership Fees	Amount 0
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a


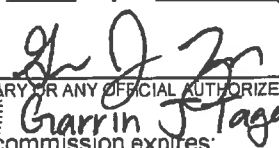
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

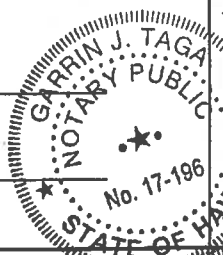
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. Polystyrene Food Container Ban: Ongoing	4.
2. Litter Reduction, Litter Management: Ongoing	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION


I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 1/9/18 DATE	Subscribed and sworn to before me This <u>9</u> day of <u>January</u> , <u>2018</u> .  NOTARY PUBLIC My commission expires: <u>6-18-21</u>
---	--



NOTARY PUBLIC CERTIFICATION

Garrin J. Taga First Judicial Circuit
 Doc. Description: Annual Report

Deadline: January 10 of each year
 NOTE: This is a public document

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

 Notary Signature 1-9-18
 Date





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

TEL: (808) 768-9242 FAX: (808) 768-7768
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ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

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

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Sugarland Growers, Inc. ✓		TELEPHONE (808) 688-2892	
MAILING ADDRESS (No. and Street or P.O Box) PO Box 27		FAX	
		EMAIL ljefts@aloha.net	
(City) Kunia	(State) Hawaii	(Zip Code) 96759	

PART III EXPENDITURES, BY TYPE Not Applicable			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL 0	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount \$250
Compensation	Amount 0
Contributions	Amount 0
Membership Fees	Amount 0
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a


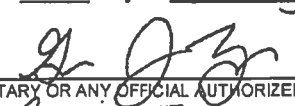
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input checked="" type="checkbox"/> Specific Legislation: Bill No. <u>Bill 66</u> (Year) <u>2016</u> Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

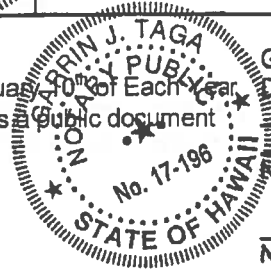
1. Bill 66: ordinance 17-02	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached


PART VII LOBBYIST CERTIFICATION

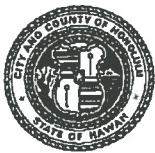
I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 1/9/18 DATE	Subscribed and sworn to before me This <u>9</u> day of <u>January</u> , <u>2018</u>  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS Garrin J. Taga My commission expires: <u>10-18-21</u>
---	---

Rev. 12/2017

Deadline: January 10th of Each Year
 NOTE: This is a Public document



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

 Notary Signature Date 1-9-18



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

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ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

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



PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Meadow Gold Dairies/		TELEPHONE 944-5911
MAILING ADDRESS (No. and Street or P.O Box) 925 Cedar Street		FAX
		EMAIL john_erickson@deanfoods.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96814

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0	Receptions, Meals, Food & Beverages	Amount 0
Preparation & Distribution of Lobbying Materials	Amount 0	Media Advertising	Amount 0
Entertainment & Events	Amount 0	Other	0
		TOTAL	0

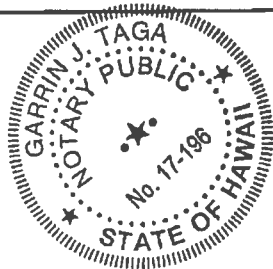
PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING	
Fees	Amount \$1,700.00
Compensation	Amount 0
Contributions	Amount 0
Membership Fees	Amount 0
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED		
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input checked="" type="checkbox"/> Specific Legislation: Bill No. <u>Bill59</u> (Year) <u>2016</u> Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): waste management disposal; Meadow Gold Certificate		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME	
1. Bill 59: ordinance 17-37	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached


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

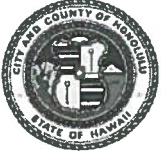
Rev. 12/2017



Deadline: January 10th of Each Year
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NOTARY PUBLIC CERTIFICATION
 Garrin J. Taga First Judicial Circuit
 Doc. Description: Annual Report

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



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

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ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Hamasaki, Peter James ✓		TELEPHONE 808-529-7333
MAILING ADDRESS (Street) Five Waterfront Plaza, Suite 400 500 Ala Moana Boulevard		FAX 808-524-8293
(City) Honolulu		EMAIL hamasaki@m4law.com
(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) McCorriston Miller Mukai MacKinnon LLP		TELEPHONE 808-529-7300
MAILING ADDRESS (No. and Street or P.O. Box) P. O. Box 2800		FAX 808-524-8293
(City) Honolulu		EMAIL info@m4law.com
(State) Hawaii		(Zip Code) 96803-2800

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Charley's Taxi Radio Dispatch Corp. ✓		TELEPHONE
MAILING ADDRESS (No. and Street or P.O. Box) 1451 S. King Street, Suite 300		FAX
(City) Honolulu		EMAIL
(State) Hawaii		(Zip Code) 96814

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount \$0.00	Receptions, Meals, Food & Beverages	Amount \$0.00
Preparation & Distribution of Lobbying Materials	Amount \$0.00	Media Advertising	Amount \$0.00
Entertainment & Events	Amount \$0.00	Other	
		TOTAL \$0.00	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees Legal Fees	Amount \$7,125.00
Compensation	Amount \$0.00
Contributions	Amount \$0.00
Membership Fees	Amount \$0.00
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

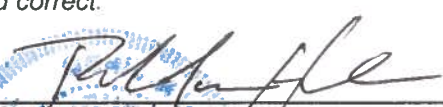
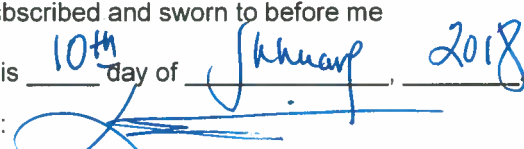
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. Potential amendments to Ord. 16-25 - no enactment.	4.
2. Potential amendments to Ord. 16-38 - no enactment.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

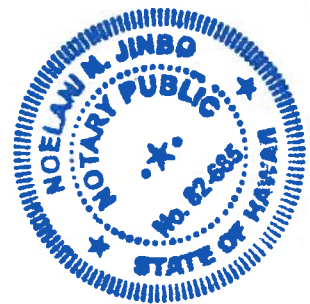
PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p> _____ LOBBYIST SIGNATURE</p> <p>January 10, 2018 _____ DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>10th</u> day of <u>January</u>, 2018</p> <p>By:  _____ NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>September 22, 2018</u></p>
---	--





NOTARY PUBLIC CERTIFICATION
Neelani N. Jinbo First Circuit
Doc. Description: Annual Report
(Lobbyist Annual Report)
No. of Pages: 2 Date of Doc. JAN 10 2018
[Signature] JAN 10 2018
Notary Signature Date





HONOLULU ETHICS COMMISSION
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ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Hannemann Mulufi F.		TELEPHONE (808) 923-0407
MAILING ADDRESS (Street) 2270 Kalakaua Avenue Suite 1702		FAX (808) 924-3843
		EMAIL mhannemann@hawaiilodging.org
(City) Honolulu	(State) HI	(Zip Code) 96815
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Lodging & Tourism Association /		TELEPHONE (808) 923-0407
MAILING ADDRESS (No. and Street or P.O Box) 2270 Kalakaua Avenue Suite 1702		FAX (808) 924-3843
		EMAIL info@hawaiilodging.org
(City) Honolulu	(State) HI	(Zip Code) 96815

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation Lobbying constitutes 10% of annual salary	Amount \$18,700
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. Real Property Tax Increase for Hotels: Reso 17-70	4. Urging HSAC to support the GET surcharge for the Rail
2. County enforcement on transient vacation rentals	5. Naming of an entertainment venue in honor of Tom Moffatt
3. Utilizing public private partnerships for rail improvements	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

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

Subscribed and sworn to before me

This 10th day of January, 2018.

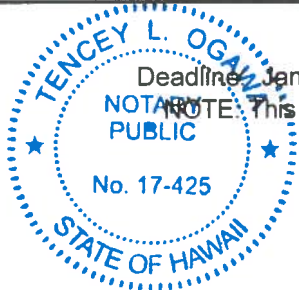
By: Tencey L. Ogawa
 NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires: 10/08/2021

LOBBYIST SIGNATURE: [Signature]

DATE: 1/10/18

Rev. 12/2017



Doc. Date: _____ # Pages 2

UNDATED AT THE TIME OF NOTARY

Notary Name: Tencey L. Ogawa First Circuit

Doc. Description Annual Report

[Signature] 01/10/2018
 Notary Signature Date

Deadline: January 10th of Each Year
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ANNUAL REPORT

Lobbyist Annual Report
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PART I LOBBYIST		
NAME (Last) (First) (Middle) Hayashi, Clyde T.		TELEPHONE 808-845-3238
MAILING ADDRESS (Street) 650 Iwilei Road, #285		FAX 808-845-8300
		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)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii LECET ✓		TELEPHONE 808-845-3238
MAILING ADDRESS (No. and Street or P.O Box) 650 Iwilei Road, #285		FAX 808-845-8300
		EMAIL
(City) Honolulu	(State) Hawaii	(Zip Code) 96817

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount \$.00	Receptions, Meals, Food & Beverages	Amount \$.00
Preparation & Distribution of Lobbying Materials	Amount \$.00	Media Advertising	Amount \$.00
Entertainment & Events	Amount \$.00	Other	
		TOTAL	\$.00

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a


PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): None (From January 2017 to September 2017)		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. N/A	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

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

Document Date: 11/9/2018 # Pages: 3

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

Doc. Description: annual report

62

Terrilyn K.K. Tanaka 11/9/2018
Notary Signature Date



HONOLULU ETHICS COMMISSION
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ANNUAL REPORT

Lobbyist Annual Report
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PART I LOBBYIST		
NAME (Last) (First) (Middle) Hayashi, Clyde T.		TELEPHONE 808-841-0491
MAILING ADDRESS (Street) 2251 North School Street		FAX 808-847-4782
		EMAIL chayashi@opcmia630.org
(City) Honolulu	(State) Hawaii	(Zip Code) 85819
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 ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Masons' Union, Local 630		TELEPHONE 808-841-0491
MAILING ADDRESS (No. and Street or P.O Box) 2251 North School Street		FAX 808-847-4782
		EMAIL chayashi@opcmia630.org
(City) Honolulu	(State) Hawaii	(Zip Code) 96819

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount \$.00	Receptions, Meals, Food & Beverages	Amount \$.00
Preparation & Distribution of Lobbying Materials	Amount \$.00	Media Advertising	Amount \$.00
Entertainment & Events	Amount \$.00	Other	
		TOTAL	\$.00

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING	
Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED		
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): None (From October 2017 to December 2017)		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME	
1. N/A	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

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

Document Date: 01/19/2018 # Pages: 3

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

Doc. Description: Annual Report

Terrilyn K.K. Tanaka 1/19/2018
Notary Signature Date

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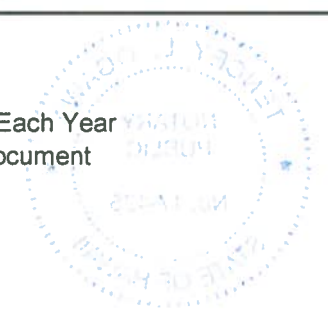
ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Jared Higashi S.		TELEPHONE (808) 923-0407
MAILING ADDRESS (Street) 2270 Kalakaua Avenue Suite 1702		FAX (808) 924-3843
		EMAIL jhigashi@hawaiilodging.org
(City) Honolulu	(State) HI	(Zip Code) 96815
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Lodging & Tourism Association ✓		TELEPHONE (808) 923-0407
MAILING ADDRESS (No. and Street or P.O Box) 2270 Kalakaua Avenue Suite 1702		FAX (808) 924-3843
		EMAIL info@hawaiilodging.org
(City) Honolulu	(State) HI	(Zip Code) 96815

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL	



PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation Lobbying constitutes 7% of annual salary	Amount \$4,025
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a


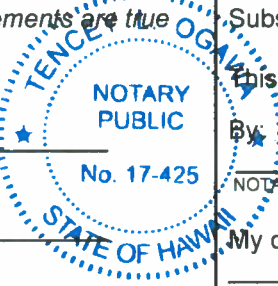

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

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

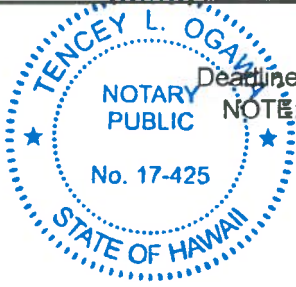
PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. Real Property Tax Increase for Hotels: Reso 17-70	4. Urging HSAC to support the GET surcharge for the Rail
2. County enforcement on transient vacation rentals	5. Naming of an entertainment venue in honor of Tom Moffatt
3. Utilizing public private partnerships for rail improvements	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

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

Rev. 12/2017



Doc. Date: UNDATED AT THE TIME OF NOTARY Pages 2
 Deadline: January 10th of Each Year
 Notary Name: Tencey L. Ogawa First Circuit
 NOTE: This is a public document
 Doc. Description Annual Report


 Notary Signature _____ Date 01/10/2018

CITY AND COUNTY OF HONOLULU
ETHICS COMMISSION
LOBBYIST ANNUAL REPORT FORM

Name HIRAKI KENNETH T.
(Print) Last First Middle

Business Address 1177 Bishop St Hon 96813 Phone 375-5336
(Street, City, State, Zip Code)

Email Address: Ken Hiraki @ msh.com

State name and address of organization you lobbied for.
Hawaiian Telcom Communications
1177 Bishop Street Honolulu 96813

State total amount received as a lobbyist representing contributions, membership fees and other receipts related to lobbying activities.
0

State total amount expended for lobbying by lobbyist.
0

List results of the legislation you sought to influence.
0

Other information.

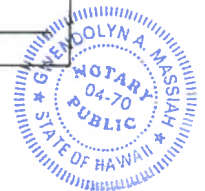
HONOLULU
ETHICS COMMISSION
RECEIVED
17 DEC 12 AM 53

<p>I hereby certify that the foregoing statements are true and correct.</p> <p><u>[Signature]</u> (Signature)</p>	<p>Subscribed and sworn to before me This <u>29th</u> day of <u>November</u>, 20<u>17</u>.</p> <p>By <u>Gwendolyn A. Massiah</u> Notary or any official authorized to administer oaths GWENDOLYN A. MASSIAH</p> <p>My commission expires: <u>FEB. 22, 2020</u> <i>Notary Certification on Reverse Side</i></p>
---	---

DUE DATE OF THIS REPORT IS JANUARY 10 OF EACH YEAR

(See back of this form for information.)

PLEASE RETAIN A COPY FOR YOUR RECORDS



2017-12-17

Doc. Date: No Date # Pages: 1

Name: GWENDOLYN A. MASSIAH Circuit

Doc. Description: City + County of Honolulu

Ethics Commission Lobbyist Annual Report Form

Gwendolyn A. Massiah 11/29/17
Signature Date

NOTARY CERTIFICATION



11/29/17
11/29/17

**CITY AND COUNTY OF HONOLULU
ETHICS COMMISSION
LOBBYIST ANNUAL REPORT FORM**

Name HIRAKI KENNETH T.
(Print) Last First Middle

Business Address 1177 Bishop St Hon 96813 Phone 375-5336
(Street, City, State, Zip Code)

Email Address: Ken Hiraki @ msh.com

State name and address of organization you lobbied for.
Hawaiian Telecom Services Company, Inc
1177 Bishop Street, Hon HI 96813

State total amount received as a lobbyist representing contributions, membership fees and other receipts related to lobbying activities.
0

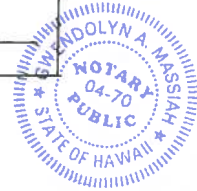
State total amount expended for lobbying by lobbyist.
0

List results of the legislation you sought to influence.
0

Other information.

17 DEC 12 AM 53
HONOLULU
ETHICS COMMISSION
RECEIVED

<p>I hereby certify that the foregoing statements are true and correct.</p> <p align="center"><i>[Signature]</i></p> <p align="center">(Signature)</p>	<p>Subscribed and sworn to before me This <u>29th</u> day of <u>November</u>, 20<u>17</u>.</p> <p>By <u>Gwendolyn A. Massiah</u> Notary or any official authorized to administer oaths GWENDOLYN A. MASSIAH</p> <p>My commission expires: <u>FEB. 22, 2020</u> <i>Notary Certification on reverse side</i></p>
--	---



DUE DATE OF THIS REPORT IS JANUARY 10 OF EACH YEAR

(See back of this form for information.)
PLEASE RETAIN A COPY FOR YOUR RECORDS

11/29/17 11:00 AM

11/29/17 11:00 AM

Doc. Date: No Date # Pages: 1

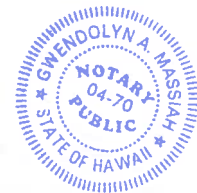
Name: GWENDOLYN A. MASSIAH Circuit

Doc. Description: City + County of Honolulu

Ethics Commission Lobbyist Annual Report Form

Signature: Gwendolyn A. Massiah Date: 11/29/17

NOTARY CERTIFICATION



**CITY AND COUNTY OF HONOLULU
ETHICS COMMISSION
LOBBYIST ANNUAL REPORT FORM**

Name HIRAKI KENNETH T.
(Print) Last First Middle

Business Address 1177 Bishop St Hon 96813 Phone 375-5336
(Street, City, State, Zip Code)

Email Address: Ken Hiraki @ msh.com

State name and address of organization you lobbied for.
Hawaiian Telecom, Inc.
1177 Bishop St Hon HI 96813

State total amount received as a lobbyist representing contributions, membership fees and other receipts related to lobbying activities.
0

State total amount expended for lobbying by lobbyist.
0

List results of the legislation you sought to influence.
Resolution 17-68 *8/15/2010/03/11/18*
resolution passed
N.P.

Other information.

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

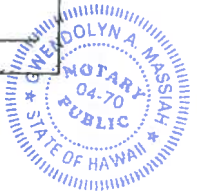
Subscribed and sworn to before me
 This 29th day of November, 2017.

By Gwendolyn A. Massiah
 Notary or any official authorized to administer oaths
GWENDOLYN A. MASSIAH

My commission expires: FEB. 22, 2020
Notary certification on reverse side

[Signature]
 (Signature)

17 DEC 12 AM 1:53
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 ETHICS COMMISSION
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DUE DATE OF THIS REPORT IS JANUARY 10 OF EACH YEAR

(See back of this form for information.)

PLEASE RETAIN A COPY FOR YOUR RECORDS

12-12-17

11/29/07
11/29/07

Doc. Date: No Date # Pages: 1

Name: GWENDOLYN A. MASSIAH 1st Circuit

Doc. Description: City & County of Honolulu

Ethics Commission Lobbyist Annual Report Form

Gwendolyn A. Massiah 11/29/07
Signature Date

NOTARY CERTIFICATION





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

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

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 ETHICS COMMISSION
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ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

'18 JAN -8 P4:25

PART I LOBBYIST

NAME (Last) (First) (Middle) Wan Hong, Lea		TELEPHONE 808-524-8563
MAILING ADDRESS (Street) The Trust for Public Land 1003 Bishop St., Suite 740		FAX 808-524-8565
(City) Honolulu (State) HI		EMAIL lea.hong@tpl.org
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		(Zip Code) 96813
MAILING ADDRESS (No. and Street or P.O Box)		TELEPHONE
(City)		FAX
(State)		EMAIL
(Zip Code)		

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) The Trust for Public Land		TELEPHONE 808-524-8560
MAILING ADDRESS (No. and Street or P.O Box) 1003 Bishop St., Suite 740		FAX 808-524-8565
(City) Honolulu (State) HI		EMAIL lea.hong@tpl.org
		(Zip Code) 96813

PART III EXPENDITURES, BY TYPE

Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	\$15.00	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL	\$15.00

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation \$187.50	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a


PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. <i>Clean Water & Natural Lands Fund projects and process</i>	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p style="text-align: center;"><i>Dea Hom</i></p> <p>_____ LOBBYIST SIGNATURE</p> <p style="text-align: center;"><i>1/4/2018</i></p> <p>_____ DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>4</u> day of <u>January</u>, 20<u>18</u>.</p> <p>By: <i>[Signature]</i></p> <p>_____ NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: APR 05 2019</p> <div style="text-align: right;">  </div>
---	---

JURAT WITH AFFIANT STATEMENT

State of Hawaii

County of Honolulu } ss.
First Judicial Circuit

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

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

N/A
Signature of Signer No. 1

N/A
Signature of Signer No. 2

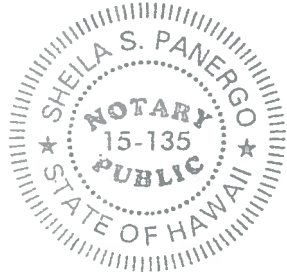
Document Description:
Annual Report
JAN 04 2018
Document Date:
No. Pages: 1

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

(1) lea hong
Name of Signer

and
(2) N/A
Name of Signer

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



My commission expires: APR 05 2019



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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8-1-17-18
 '18 JAN -9 P2:58

ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Hudson, Jennifer		TELEPHONE 503-708-9714
MAILING ADDRESS (Street) 91-056 Hanua Street		FAX
		EMAIL jhudson@schn.com
(City) Kapolei	(State) HI	(Zip Code) 96707
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O. Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Schnitzer Steel Hawaii Corp		TELEPHONE 503-708-9714
MAILING ADDRESS (No. and Street or P.O. Box) 91-056 Hanua Street		FAX
		EMAIL
(City) Kapolei	(State) HI	(Zip Code) 96707

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL	0

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount \$1,200. ⁰⁰
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a



PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. None. 3/17/18	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII 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 8 day of January, 2018. By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: June 12, 2021
---	--

OFFICIAL STAMP
 KARMA JOY MCDOWELL
 NOTARY PUBLIC-OREGON
 COMMISSION NO. 963032
 MY COMMISSION EXPIRES JUNE 12, 2021



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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ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

18 JAN -9 A8 56

PART I LOBBYIST		
NAME (Last) (First) (Middle) Hughes, Brian /		TELEPHONE 202-794-7387
MAILING ADDRESS (Street) 615 Piikoi Street, Suite 402		FAX
		EMAIL bhughes@uber.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) Uber Technologies, Inc		TELEPHONE 202-794-7387
MAILING ADDRESS (No. and Street or P.O Box) 1455 Market Street, 4th Floor		FAX
		EMAIL
(City) San Francisco	(State) CA	(Zip Code) 94103

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Uber Technologies, Inc /		TELEPHONE 202-794-7387
MAILING ADDRESS (No. and Street or P.O Box) 1455 Market Street, 4th Floor		FAX
		EMAIL
(City) San Francisco	(State) CA	(Zip Code) 94103

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL 0.00	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a

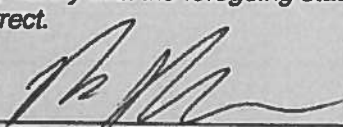
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. N/A	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p></p> <p>_____ LOBBYIST SIGNATURE</p> <p>1/3/18 _____ DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>3RD</u> day of <u>January</u>, 2018.</p> <p>By: <u>Katherine Mason</u> _____ NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>1/25/2020</u> _____</p>
---	--



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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31-12-18

'18 JAN 10 P7:15

ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Imanaka, Mitchell A.		TELEPHONE 521-5500
MAILING ADDRESS (Street) 745 Fort Street Mall, 17th Floor		FAX 541-9050
		EMAIL mimanaka@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
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813

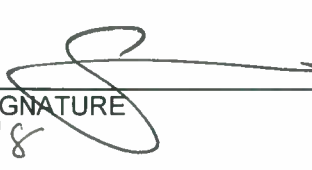
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Avalon Development Company		TELEPHONE 587-7773
MAILING ADDRESS (No. and Street or P.O Box) 800 Bethel Street, Suite 501		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813

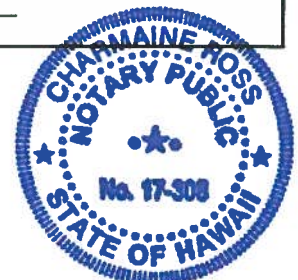
PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL	N/A

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING	
Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a

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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME	
1. N/A	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION	
<i>I hereby certify that the foregoing statements are true and correct.</i>  LOBBYIST SIGNATURE 1/8/18 DATE	Subscribed and sworn to before me This <u>8th</u> day of <u>January</u> , <u>2018</u> By: <u>Charmaine Ross</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS <u>1st Circuit, 2pgs, Annual Report</u> My commission expires: <u>July 25, 2021</u>





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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ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) (First) (Middle)		TELEPHONE	
Iosua, Michael L.		521-5500	
MAILING ADDRESS (Street)		FAX	
745 Fort Street Mall, 17th Floor		541-9050	
		EMAIL	
		miosua@imanaka-asato.com	
(City)		(State)	
Honolulu		HI	
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE	
Imanaka Asato, LLLC		521-9500	
MAILING ADDRESS (No. and Street or P.O. Box)		FAX	
745 Fort Street Mall, 17th Floor			
		EMAIL	
(City)		(State)	
Honolulu		HI	
		(Zip Code)	
		96813	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
Avalon Development Company		587-7773	
MAILING ADDRESS (No. and Street or P.O. Box)		FAX	
800 Bethel Street, Suite 501			
		EMAIL	
(City)		(State)	
Honolulu		HI	
		(Zip Code)	
		96813	

PART III EXPENDITURES, BY TYPE			
Political Contributions <small>see https://data.hawaii.gov/apps/campaignspending</small>	Amount	Receptions, Meals, Food & Beverages	Amount
	NIA MI 1/2/18		
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL	

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 ETHICS COMMISSION
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PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount \$13,000.00
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

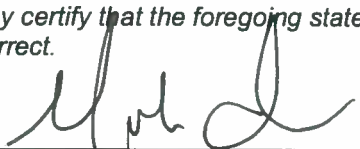
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

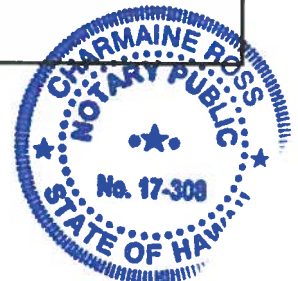
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input checked="" type="checkbox"/> Specific Legislation: Bill No. <u>15, 58, 59</u> (Year) <u>2017</u> Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. Bills are still pending.	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p></p> <p>LOBBYIST SIGNATURE</p> <p><u>1/8/2018</u></p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>8th</u> day of <u>January</u>, <u>2018</u>.</p> <p>By: <u>Charmaine Ross</u></p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p><u>1st Circuit, 2pgs, Annual Report</u></p> <p>My commission expires:</p> <p><u>July 25, 2021</u></p>
--	--





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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ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Iosua, Michael L.		TELEPHONE 521-5500
MAILING ADDRESS (Street) 745 Fort Street Mall, 17th Floor		FAX 541-9050
		EMAIL miosua@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
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Haseko Development, Inc. ✓		TELEPHONE 689-7772
MAILING ADDRESS (No. and Street or P.O Box) 91-1001 Kaimalie Street, Suite 205		FAX
		EMAIL dlum@haseko.com
(City) Ewa Beach	(State) HI	(Zip Code) 96706

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
			TOTAL -0-

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a

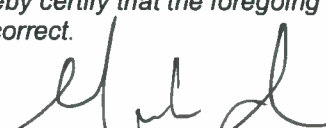
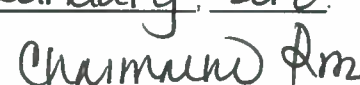
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. N/A	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p></p> <p>LOBBYIST SIGNATURE</p> <p>1/8/2018</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>8th</u> day of <u>January</u>, <u>2018</u>.</p> <p>By: <u>Charmaine Ross</u> </p> <p><small>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</small></p> <p><u>1st Circuit, 2pgs, Annual Report</u></p> <p>My commission expires: <u>July 25, 2021</u></p>
---	---





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

TEL: (808) 768-9242 FAX: (808) 768-7768
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ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Iosua, Michael L.		TELEPHONE 521-5500
MAILING ADDRESS (Street) 745 Fort Street Mall, 17th Floor		FAX 541-9050
(City) Honolulu		EMAIL miosua@imanaka-asato.com
(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
(City) Honolulu		EMAIL
(State) HI	(Zip Code) 96813	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Mana'olana Partners, LLC		TELEPHONE 310-806-4200
MAILING ADDRESS (No. and Street or P.O. Box) 11111 Santa Monica Blvd., Suite 2250		FAX
(City) Los Angeles		EMAIL
(State) CA	(Zip Code) 90025	

PART III EXPENDITURES, BY TYPE			
Political Contributions <small>see https://data.hawaii.gov/apps/campaignspending/</small>	Amount <i>N/A not applying</i>	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
TOTAL			

'18 MAR 28 P 1:04
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PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount \$7,000.00
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

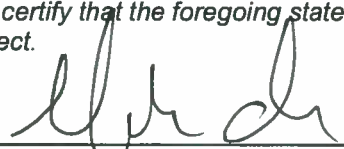
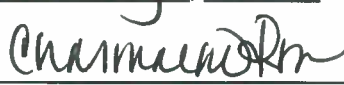
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input checked="" type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. <u>221</u> (Year) <u>2017</u> Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. Passage of Resolution 17-221, adopted 9/06/17	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p style="text-align: center;"></p> <p>LOBBYIST SIGNATURE</p> <p style="text-align: center;"><u>1/3/2018</u></p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>8th</u> day of <u>January</u>, <u>2018</u>.</p> <p>By: <u>Charmaine Ross</u> </p> <p><small>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</small></p> <p><u>1st Circuit, 2pgs, Annual Report</u></p> <p>My commission expires: <u>July 25, 2021</u></p>
--	--





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

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

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ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Iosua, Michael L.		TELEPHONE 521-5500
MAILING ADDRESS (Street) 745 Fort Street Mall, 17th Floor		FAX 541-9050
		EMAIL mlosua@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
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) PACREP, LLC		TELEPHONE (310) 500-2955
MAILING ADDRESS (No. and Street or P.O Box) 10880 Wilshire Blvd., Suite 2222		FAX
		EMAIL
(City) Los Angeles	(State) CA	(Zip Code) 90024

PART III EXPENDITURES, BY TYPE			
Political Contributions <i>see https://data.hawaii.gov/</i>	Amount <i>N/A MC 4/27/18</i>	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL	-0-

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PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount \$14,400.00
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a


PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

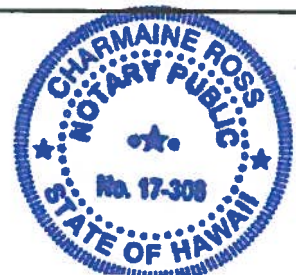
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input checked="" type="checkbox"/> Specific Legislation: Bill No. <u>62</u> (Year) <u>2017</u> Reso No. <u>54</u> (Year) <u>2016</u> Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. Revisions to Resolution 16-54	4.
2. Bill 62 approved by Mayor on 9/11/17	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII 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 <u>8th</u> day of <u>January</u> , <u>2018</u> . By: <u>Charmaine Ross</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS <u>1st Circuit, 2018, Annual Report</u> My commission expires: <u>July 25, 2021</u>
---	---





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

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ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Iosua, Michael L.		TELEPHONE 521-5500
MAILING ADDRESS (Street) 745 Fort Street Mall, 17th Floor		FAX 541-9050
		EMAIL miosua@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
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Verizon Communications		TELEPHONE 925-279-6209
MAILING ADDRESS (No. and Street or P.O. Box) 15505 Sand Canyon Avenue		FAX
		EMAIL
(City) Irvine	(State) CA	(Zip Code) 92618

PART III EXPENDITURES, BY TYPE			
Political Contributions <small>see https://data.hawaii.gov/apps/campaignspending</small>	Amount <i>N/A ME 3/22/18</i>	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL	-0-

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PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount \$6,000.00
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

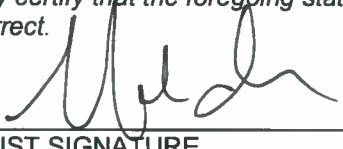

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. Passage of House Bill 625, measure deferred	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p></p> <p>LOBBYIST SIGNATURE</p> <p>1/8/2018</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>8th</u> day of <u>January</u>, <u>2018</u>.</p> <p>By: <u>Charmaine Ross</u> </p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: July 25, 2021 <u>1st circuit, 2pgs, Annual</u></p>
---	---





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

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ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Iriarte, Peter T. ✓		TELEPHONE 808-841-0491
MAILING ADDRESS (Street) 2251 North School Street		FAX 808-847-4782
		EMAIL masonplaster@hotmail.com
(City) Honolulu	(State) Hawaii	(Zip Code) 85819
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 ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Masons' Union, Local 630 ✓		TELEPHONE 808-841-0491
MAILING ADDRESS (No. and Street or P.O Box) 2251 North School Street		FAX 808-847-4782
		EMAIL masonplaster@hotmail.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96819

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount \$.00	Receptions, Meals, Food & Beverages	Amount \$.00
Preparation & Distribution of Lobbying Materials	Amount \$.00	Media Advertising	Amount \$.00
Entertainment & Events	Amount \$.00	Other	
		TOTAL	\$.00

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING	
Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED		
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): None (From October 2017 to December 2017)		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME	
1. N/A	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

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

Document Date: 01/09/2017 # Pages: 3

Notary Name: TERRI LYNN K K. TANAKA First Circuit

Doc. Description: Annual Report

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

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31-12-10

ANNUAL REPORT

Lobbyist Annual Report
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Isaacs, Jonathan		TELEPHONE 603.757.5721
MAILING ADDRESS (Street) 500 SE Morrison Ave.		FAX
		EMAIL jisaacs@uber.com
(City) Portland	(State) OR	(Zip Code) 97204
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) Uber Technologies, Inc		TELEPHONE 202-794-7387
MAILING ADDRESS (No. and Street or P.O Box) 1455 Market Street, 4th Floor		FAX
		EMAIL
(City) San Francisco	(State) CA	(Zip Code) 94103

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Uber Technologies, Inc		TELEPHONE 202-794-7387
MAILING ADDRESS (No. and Street or P.O Box) 1455 Market Street, 4th Floor		FAX
		EMAIL
(City) San Francisco	(State) CA	(Zip Code) 94103

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
	0		0
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
	0		0
Entertainment & Events	Amount	Other	
	0		
TOTAL			0.00

Rev. 12/2017

Deadline: January 10th of Each Year
NOTE: This is a public document

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation 123.08	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

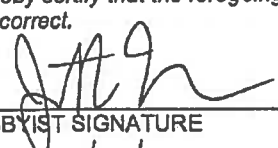
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

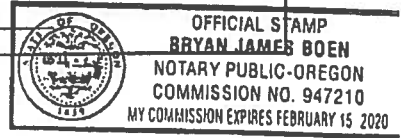
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/>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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. Vehicle for Hire trade dress. Resolved	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII 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 <u>8th</u> day of <u>January</u> , 2018. By: <u>Bryan J. Boen</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>02/15/2020</u>
---	--



Rev. 12/2017


Deadline: January 10th of Each Year
 NOTE: This is a public document

**CITY AND COUNTY OF HONOLULU
ETHICS COMMISSION
LOBBYIST ANNUAL REPORT FORM**

31-12-18

Name	Ito ✓ (Print) Last	Mihoko ✓ First	E. Middle
Business Address	999 Bishop Street, #1400, Honolulu, HI 96813 <small>(Street, City, State, Zip Code)</small>		Phone 808-539-0842
Email Address:	mito@awlaw.com		
State name and address of organization you lobbied for.			
Wyndham Vacation Ownership ✓ 6277 Sea Harbor Drive Orlando, FL 32821			
State total amount received as a lobbyist representing contributions, membership fees and other receipts related to lobbying activities.			
\$0			
State total amount expended for lobbying by lobbyist.			
\$0			
List results of the legislation you sought to influence.			
N/A			
Other information.			
None			

HONOLULU ETHICS COMMISSION RECEIVED
JAN 10 11:03 AM '18

Doc. Date: DEC 21 2017	# Pages: <u>1</u>
Name: <u>Uilani R. Souza</u>	First Circuit
Doc. Description: <u>City and County of Honolulu Ethics Commission Lobbyist Annual Report Form</u>	
	Signature: <u><i>Uilani R. Souza</i></u> Date: DEC 21 2017
NOTARY CERTIFICATION	

I hereby certify that the foregoing statements are true and correct. <u><i>Uilani R. Souza</i></u> (Signature)	Subscribed and sworn to before me This <u>21st</u> day of <u>December</u> , 20 <u>17</u> By <u><i>Uilani R. Souza</i></u> Notary or any official authorized to administer oaths My commission expires: <u>March 24, 2020</u>
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DUE DATE OF THIS REPORT IS JANUARY 10 OF EACH YEAR

(See back of this form for information.)
PLEASE RETAIN A COPY FOR YOUR RECORDS