



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

TEL: (808) 768-9242 FAX: (808) 768-7768  
 Email: [ethics@honolulu.gov](mailto: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) Kaakua, Laura Hokunani Edmunds		TELEPHONE 8085248562
MAILING ADDRESS (Street) The Trust for Public Land, 1003 Bishop Street, Suite 740		FAX 8085248565
		EMAIL laura.kaakua@tpl.org
(City) Honolulu	(State) Hawaii	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if 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) The Trust for Public Land ✓		TELEPHONE 8085248562
MAILING ADDRESS (No. and Street or P.O Box) 1003 Bishop Street, Suite 740		FAX 8085248565
		EMAIL laura.kaakua@tpl.org
(City) Honolulu	(State) Hawaii	(Zip Code) 96813

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 0
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**

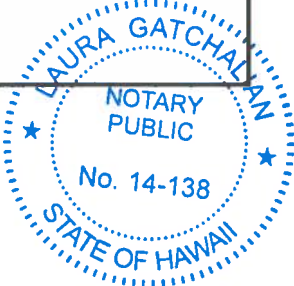
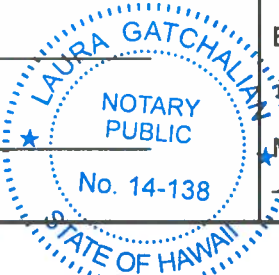
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): <i>clean water &amp; Natural Lands Fund 40 01/11/18</i>		

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

1. Clean Water and Natural Lands Fund projects	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 1/11/18 DATE	Subscribed and sworn to before me This <u>11</u> day of <u>JANUARY</u> , <u>2018</u> . By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS Laura Gatchalian My commission expires: <u>MAY 14, 2018</u>
--	--



Document Date 1/11/18 # Pages: 2  
 Notary Name: Laura Gatchalian First Circuit  
 Doc. Description: ANNUAL REPORT

Deadline: January 10<sup>th</sup> of Each Year  
 NOTE: This is a public document

  
 Notary Signature 1/11/18  
 Date



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# ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

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## PART I LOBBYIST

NAME (Last) (First) (Middle) Kabele Melvin Yoon Choy		TELEPHONE 3814658
MAILING ADDRESS (Street) 94-497 U Kee St		FAX 6716901
(City) Waipahu	(State) Hi	EMAIL iwme1@yahoo.com
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) Iron workers Stab Fund		(Zip Code) 96797
MAILING ADDRESS (No. and Street or P.O Box) 94-497 U Kee St		TELEPHONE 381 4658
(City) Waipahu	(State) Hi	FAX 6716901
		EMAIL iwme1@yahoo.com
		(Zip Code) 96797

## PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Iron worker Stab Fund		TELEPHONE Same
MAILING ADDRESS (No. and Street or P.O Box) Same as above		FAX "
(City)	(State)	EMAIL "
		(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	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 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. 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.   LOBBYIST SIGNATURE 1/2/2018 DATE	Subscribed and sworn to before me This 2nd day of January, 2018. By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: 09/02/20 See attached Notary Document.
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STATE OF HAWAII

COUNTY OF HONOLULU

}  
} SS.  
}

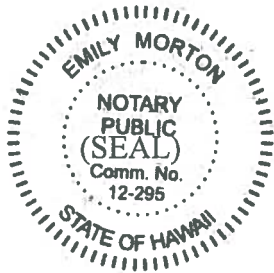
On this 2nd day of January, 2018, before me personally appeared MELVIN YC KATHELE, to me known to be the person described in and who executed the foregoing instrument and acknowledgment that he executed the same as his free act and deed.

Witness my hand and seal.

Emily Morton

EMILY MORTON

My Commission expires: 09/02/2020



Doc Date: 1/2/18

No. Pages: 2

Notary Name: EMILY MORTON 1st Circuit

Doc Description: Annual Report: Lobbyist Annual Report

Emily Morton  
Emily Morton

01/02/18  
Date





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

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) HAWAII BUSINESS ROUNDTABLE		TELEPHONE 808-532-2244
MAILING ADDRESS (No. and Street or P.O. Box) 1003 BISHOP STREET, SUITE 2630		FAX
		EMAIL HIBR@AOL.COM
(City) HONOLULU	(State) HI	(Zip Code) 96813

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 \$0
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**

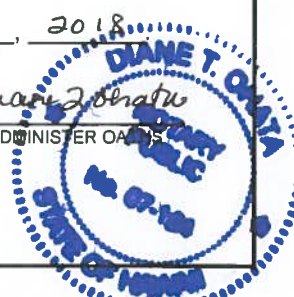
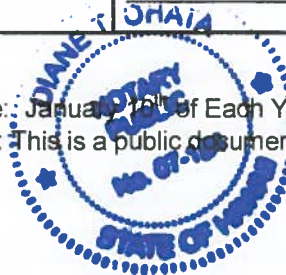
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input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

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

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><u>Gary L. Kao</u>                  LOBBYIST SIGNATURE</p> <p><u>1/19/2018</u>                  DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>9<sup>th</sup></u> day of <u>January</u>, 2018</p> <p>By: <u>Diane T. Onata</u> <u>Diane T. Onata</u></p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>5/6/2019</u></p>
--	--



Doc. Date: 1/18 # Pages: 2  
 Name: Diane T. Onata 187 Circuit  
 Doc. Description: Annual Report  
Diane T. Onata 1/18  
 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) KAKU, BEVERLY J. ✓		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, INC.		TELEPHONE (808) 548-4188
MAILING ADDRESS (No. and Street or P.O Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL bkaku@castlecooke.com
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817

PART II 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


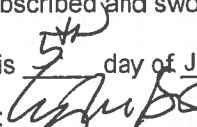
PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0.00	Receptions, Meals, Food & Beverages	Amount 0.00
Preparation & Distribution of Lobbying Materials	Amount 0.00	Media Advertising	Amount 0.00
Entertainment & Events	Amount 0.00	Other	0.00
		TOTAL	0.00

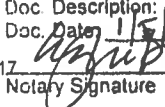


PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING	
Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a

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

Kyoko Patoc, First Judicial Circuit  
 Doc. Description: Annual Report  
 Doc. Date: 1/5/18 # Pages: 2  
 Notary Signature:  Date: 1/5/18  
 Rev. 12/2017 Deadline: January 10<sup>th</sup> of Each Year  
 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) KAKU, BEVERLY J.		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, INC.		TELEPHONE (808) 548-4188
MAILING ADDRESS (No. and Street or P.O Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL bkaku@castlecooke.com
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817

PART II 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

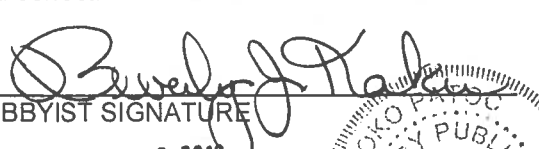
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

<input 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>                  LOBBYIST SIGNATURE</p> <p>JAN - 5 2018                  DATE</p> <p>NOTARY CERTIFICATION</p>	<p>Subscribed and sworn to before me</p> <p>This <u>5<sup>th</sup></u> day of <u>January</u>, 2018</p> <p>By: <u>KYOKO PATOC, State of Hawaii</u>                  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires:  <u>June 14, 2020</u></p>
---	--



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## ANNUAL REPORT

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NAME (Last) (First) (Middle) KAKU, BEVERLY J. ✓		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, INC.		TELEPHONE (808) 548-4188
MAILING ADDRESS (No. and Street or P.O Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL bkaku@castlecooke.com
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817

PART II 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

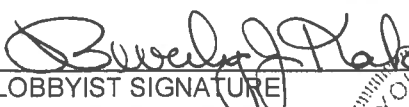
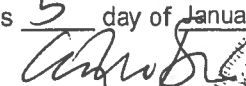
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

<input 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>                  LOBBYIST SIGNATURE</p> <p>JAN - 5 2018                  DATE</p> <p>NOTARY CERTIFICATION: No. 96-313</p>	<p>Subscribed and sworn to before me</p> <p>This <u>5<sup>th</sup></u> day of January, 2018</p> <p>By:                   KYOKO PATOC, State of Hawaii                  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: No. 96-313                  June 14, 2020</p>
---	--



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

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) JAMES CAMPBELL CORPORATION ✓		TELEPHONE (808) 674-6674
MAILING ADDRESS (No. and Street or P.O. Box) 1001 Kamokila Boulevard, Suite 250		FAX
		EMAIL
(City) Kapolei	(State) Hawaii	(Zip Code) 96707

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount \$4,450.00	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	\$4,450.00

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

Fees	Amount \$0.00
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 checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input checked="" type="checkbox"/> Specific Legislation: Bill No. <u>58 &amp; 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**

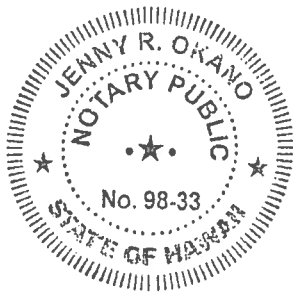
1. Ewa Highway Impact Fee Policy	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

**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>1/8/18</u></p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This ____ day of _____, _____.</p> <p>By: <u>See attached</u></p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: _____</p>
--	--

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

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



Jenny R. Okano  
Name: Jenny R. Okano

Notary Public, State of Hawaii

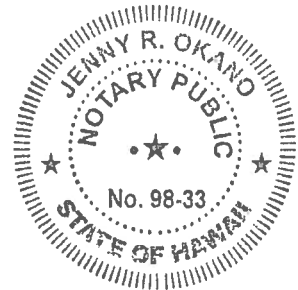
My commission expires: 1/20/2018

Document Date: 1/10/2018  
Jenny R. Okano

No. of Pages: 3  
First Circuit

Document Description: Honolulu Ethics Commission - Annual Report (Lobbyist Annual Report)

Jenny R. Okano 1/8/2018  
Notary Signature Date



NOTARY CERTIFICATION



21.12.18

CITY AND COUNTY OF HONOLULU  
ETHICS COMMISSION  
LOBBYIST ANNUAL REPORT FORM

Name Kido C. Mike  
(Print) Last First Middle

Business Address 999 Bishop Street, #1400, Honolulu, HI 96813 Phone 808-539-0428  
(Street, City, State, Zip Code)

Email Address: cmk@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  
Doc. Date: DEC 21 2017 # Pages: 1  
Name: Uilani R. Souza First Circuit  
Doc. Description: City and County of Honolulu Ethics Commission Lobbyist Annual Report Form

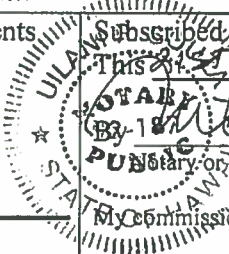
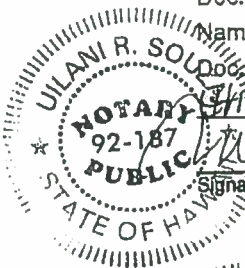
Other information.  
None

Signature: [Signature] Date: DEC 21 2017  
NOTARY CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  
Subscribed and sworn to before me  
This 21st day of December, 2017.  
By [Signature]  
Notary or any official authorized to administer oaths  
My Commission expires: March 24, 2020

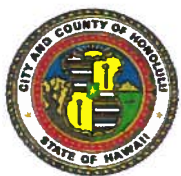
C. Mike Kido  
(Signature)

HONOLULU  
ETHICS COMMISSION  
RECEIVED  
JAN 10 P7:02 '18



**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



**HONOLULU ETHICS COMMISSION**

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

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

Email: [ethics@honolulu.gov](mailto:ethics@honolulu.gov)

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

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ETHICS COMMISSION  
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01-12-18 ✓

'18 JAN -9 P2:57

**ANNUAL REPORT**

Lobbyist Annual Report  
(Type or Print Clearly)

<b>PART I LOBBYIST</b>		
NAME (Last) (First) (Middle) Kimura, Joy Y.N.		TELEPHONE (808) 845-3238
MAILING ADDRESS (Street) 650 Iwilei Road, Suite 285		FAX (808) 845-8300
		EMAIL info@hawaiilecet.org
(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)

<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Laborers-Employers Cooperation and Education Trust (LECET) ✓		TELEPHONE (808) 845-3238
MAILING ADDRESS (No. and Street or P.O Box) 650 Iwilei Road, Suite 285		FAX (808) 845-8300
		EMAIL info@hawaiilecet.org
(City) Honolulu	(State) Hawaii	(Zip Code) 96817

<b>PART III EXPENDITURES, BY TYPE</b>			
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	Amount 0.00
Compensation	Amount 0.00
Contributions	Amount 0.00
Membership Fees	Amount 0.00
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a

## PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

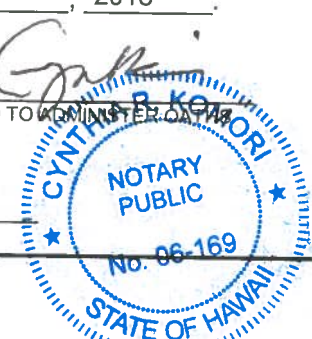
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input 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. <u>NONE</u> <i>to 0/for/1/8</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><u><i>[Signature]</i></u>                  LOBBYIST SIGNATURE</p> <p>January 9, 2018                  DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>9th</u> day of <u>January</u>, 2018.</p> <p>By: <u><i>Cynthia R. Komori</i></u>                  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires:  <u>3/19/2018</u></p>
--	--

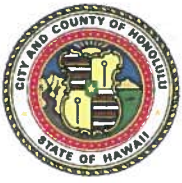


Doc. Date: 1/9/18 # Pages 2

Notary Name: Cynthia R. Komori First Circuit

Doc. Description: Honolulu Ethics Commission  
Annual Report for Joy Y.N. Komura

Cynthia R. Komori  
Notary Signature \_\_\_\_\_ Date 1/9/18



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

TEL: (808) 768-9242 FAX: (808) 768-7768  
 Email: [ethics@honolulu.gov](mailto: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 10 P1:08

## PART I LOBBYIST

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

## PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Laborers' Union Local 368		TELEPHONE 841-5877
MAILING ADDRESS (No. and Street or P.O Box) 1617 Palama St.		FAX
(City) Honolulu	(State) Hawaii	EMAIL rkobayashi@local368.org
		(Zip Code) 96817

## PART III EXPENDITURES, BY TYPE

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

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

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

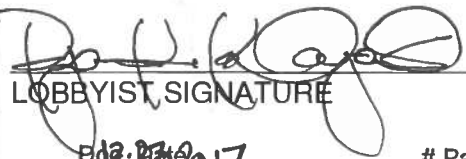

## PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

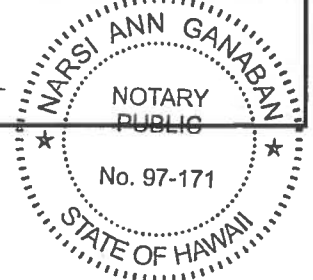
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input 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. Sought to obtain approval for <sup>housing</sup> projects	4.
2. Sought to obtain zoning approval for <sup>housing</sup> projects	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>DATE: <u>02.27.2017</u> # Pages <u>2</u></p> <p>Notary Name: Narsi Ann Ganaban First Circuit</p> <p>Doc. Description: <u>ANNUAL REPORT</u></p>	<p>Subscribed and sworn to before me</p> <p>This <u>27<sup>th</sup></u> day of <u>DECEMBER</u>, <u>2017</u>.</p> <p>By:  <u>NARSI ANN GANABAN</u>                  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>4.10.2021</u></p>
--	---





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

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

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'18 JAN -9 P 3:01

## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) KODAMA, LAURA M.		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 lkodama@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

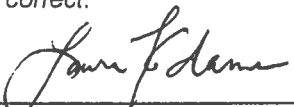
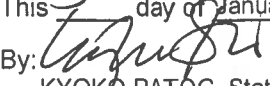
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

<input 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**

I hereby certify that the foregoing statements are true and correct.   LOBBYIST SIGNATURE  JAN - 5 2018 DATE	Subscribed and sworn to before me This 5 <sup>th</sup> day of January, 2018 By:  KYOKO PATOC, State of Hawaii NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS  My commission expires: June 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](mailto:ethics@honolulu.gov)  
 Website: <http://www.honolulu.gov/ethics/>

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## ANNUAL REPORT

'18 JAN 10 P7:04

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) LA CHICA, MAE PATRICIA QUEMA		TELEPHONE 591-6508
MAILING ADDRESS (Street) 850 RICHARDS ST. SUITE 201		FAX
		EMAIL trish@hiphi.org
(City) HONOLULU	(State) HI	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O. Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Public Health Institute		TELEPHONE 591-6508
MAILING ADDRESS (No. and Street or P.O. Box) 850 Richards St. Suite 201		FAX
		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 \$60.10	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL	\$60.10

**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 <sup>JP 02/13/18</sup>

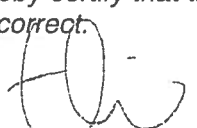
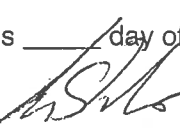
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

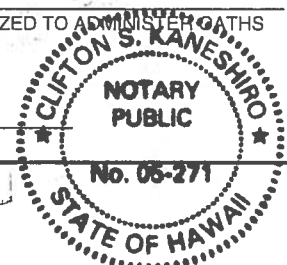
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> 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 checked="" type="checkbox"/> Other (indicate below): <u>Health</u>		

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

1. <u>Bill 70 passed</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 _____ day of <u>JAN 09 2018</u> , _____ By:  Clifton S. Kaneshiro _____ NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: My Commission Expires: <u>May 8, 2021</u>
---	---



See attached Notary Certificate



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

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

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HONOLULU  
 ETHICS COMMISSION  
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# ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

'18 JAN -9 P2:57

## PART I LOBBYIST

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

## PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) <i>Hawaii Laborers - Employers Cooperation and Education Trust</i>		TELEPHONE <i>(808) 845-3238</i>
MAILING ADDRESS (No. and Street or P.O Box) <i>650 Iwilei Road, Suite 205</i>		FAX <i>(808) 845-3238</i>
		EMAIL <i>info@hawaii.legot.org</i>
(City) <i>Honolulu</i>	(State) <i>HAWAII</i>	(Zip Code) <i>96817</i>

## PART III EXPENDITURES, BY TYPE

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

# 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 type="checkbox"/> n/a	

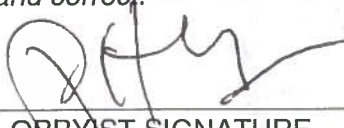

# PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

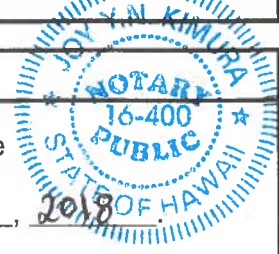
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability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

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

1. N/A	4. N/A
2. N/A	5. N/A
3. N/A	<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 1/2/18	Subscribed and sworn to before me This 2nd day of January, 2018 By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: 11/20/20 Doc. Date: 1/2/18 # Pages: 2 Notary Name: Joy Y.N. Kimura 1st Circuit
---	---



CITY AND COUNTY OF HONOLULU  
ETHICS COMMISSION  
LOBBYIST ANNUAL REPORT FORM

82.5.18

HONOLULU  
ETHICS COMMISSION  
RECEIVED

Name Lincoln Faye '18 FEB -5 11:53  
(Print) Last First Middle

Business Address 206 North 2100 West, Salt Lake City (801) 325-0153  
(Street, City, State, Zip Code) Phone Utah 84116

State name and address of organization you lobbied for.

Avalon Health Care

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

None -

State total amount expended for lobbying by lobbyist.

None

List results of the legislation you sought to influence.

N/A

Other information.

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

Jay Smith  
(Signature)

Subscribed and sworn to before me

This 30<sup>th</sup> day of January, 20 18.

By MeKelle Andrezzi  
Notary or any official authorized to administer oaths

My commission expires: 11/04/2018

**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





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

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

HONOLULU  
 ETHICS COMMISSION  
 RECEIVED

21-12-18 ✓  
 '18 JAN -9 P 3:01

## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) LOVVORN, CHRISTOPHER M.		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 HAWAII		TELEPHONE (808) 548-4188
MAILING ADDRESS (No. and Street or P.O Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL clovvorn@castlecooke.com
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817

PART II 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

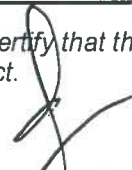
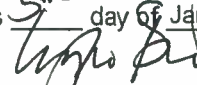
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

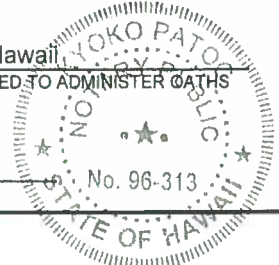
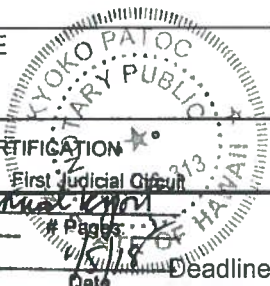
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<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):		

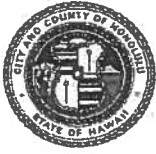
**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME**

1. NONE via o/calls	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 5 2018 DATE	Subscribed and sworn to before me This 5 <sup>th</sup> day of January, 2018. By:  KYOKO PATOC, State of Hawaii NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: June 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](mailto:ethics@honolulu.gov)  
 Website: <http://www.honolulu.gov/ethics/>

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 ETHICS COMMISSION  
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31.22.18  
 '18 JAN 10 P7:07

## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) LUI-KWAN, IVAN M.		TELEPHONE (808) 537-6100
MAILING ADDRESS (Street) 733 BISHOP STREET, SUITE 1900		FAX (808) 537-5434
		EMAIL ilukwan@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	
		TOTAL	0



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

Fees	Amount \$ 14,294.24
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**

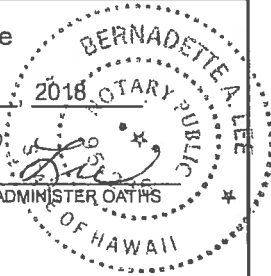
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> 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**

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p><u>I. D. Wick</u>                  LOBBYIST SIGNATURE</p> <p><u>JANUARY 10, 2018</u>                  DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>10TH</u> day of <u>JANUARY</u> <u>2018</u></p> <p>By: <u>Bernadette A. Lee</u>                  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>6/29/2019</u></p>
--	--



NOTARY CERTIFICATION STATEMENT


Doc. Date: January 10, 2018    Undated at time of notarization

Document Description: City and County of Honolulu Ethics  
Commission Lobbyist Annual Report for Ivan M. Lui-Kwan

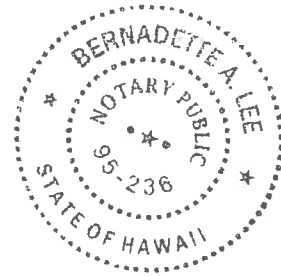
(Park Hotels & Resorts Inc.)

No. of Pages: 3

Jurisdiction: First Judicial Circuit  
Honolulu, Hawaii

	6/29/2019
Signature of Notary	Date of Notarization and Certification Statement

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





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

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

PART I LOBBYIST		
NAME (Last) (First) (Middle) Lori Ann C. Lum		TELEPHONE 808-544-8300
MAILING ADDRESS (Street) 999 Bishop Street, Suite 1250		FAX
		EMAIL llum@wik.com
(City) Honolulu	(State) HI	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) Watanabe Ing LLP		TELEPHONE 808-544-8300
MAILING ADDRESS (No. and Street or P.O. Box) 999 Bishop Street, Suite 1250		FAX
		EMAIL llum@wik.com
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) The Howard Hughes Corporation		TELEPHONE 808-591-4811
MAILING ADDRESS (No. and Street or P.O. Box) 1240 Ala Moana Blvd., Suite 200		FAX
		EMAIL Todd.Apo@howardhughes.com
(City) Honolulu	(State) HI	(Zip Code) 96814

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 N/A	↓ \$0 01/16/18
		TOTAL	↓

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

Fees	Amount \$1,089.00
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 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. Kakaako Zoning & Housing issues	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;"><u>Ann Ann C. Lum</u></p> <p>LOBBYIST SIGNATURE</p> <p style="text-align: center;"><u>1/12/18</u></p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>12<sup>th</sup></u> day of <u>January</u>, <u>2018</u>.</p> <p>By: <u>Charlene M. Moriwaki</u></p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p><b>Charlene M. Moriwaki</b></p> <p>My commission expires: <u>6/11/20</u></p>
---	---

Doc Date 7/12/18 # Pages 2  
Charlene M. Moriwaki First Circuit  
Doc Description Annual Report

*ps* Charlene M. Moriwaki  
Notary Signature Date 7/12/18

NOTARY CERTIFICATION  
Charlene M. Moriwaki



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

TEL: (808) 768-9242 FAX: (808) 768-7768  
 Email: [ethics@honolulu.gov](mailto: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) Luning, Debra M A		TELEPHONE 808-599-8370
MAILING ADDRESS (Street) 733 Bishop Street, Suite 1400		FAX 808-599-8342
		EMAIL DebbieL@gentryhawaii.com
(City) Honolulu	(State) HI	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Gentry Homes, Ltd.		TELEPHONE 808-599-5558
MAILING ADDRESS (No. and Street or P.O Box) 733 Bishop Street, Suite 1400		FAX 808-599-8342
		EMAIL DebbieL@gentryhawaii.com
(City) Honolulu	(State) HI	(Zip Code) 96813

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 \$0
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


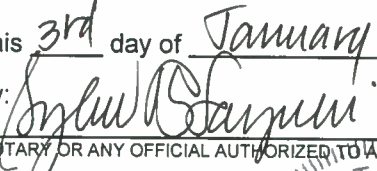
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

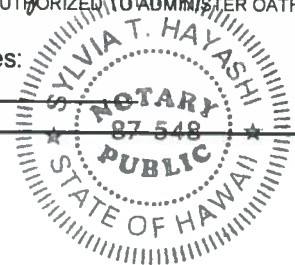
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/>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

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

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

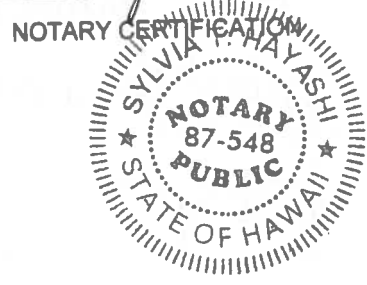
**PART VII LOBBYIST CERTIFICATION**

I hereby certify that the foregoing statements are true and correct.   LOBBYIST SIGNATURE  1/3/18 DATE	Subscribed and sworn to before me This <u>3rd</u> day of <u>January</u> , 2018. By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>10-26-19</u>
---	---



Doc Date: 1.3.18 # Pages: ✓  
Name: SYLVIA T. HAYASHI FIRST Circuit  
Doc. Description: Annual Report

Sylvia T. Hayashi 1.3.18  
Signature Date







**HONOLULU ETHICS COMMISSION**  
 925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96813  
 TEL: (808) 768-9242 FAX: (808) 768-7768  
 Email: [ethics@honolulu.gov](mailto:ethics@honolulu.gov)  
 Website: <http://www.honolulu.gov/ethics/>

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 18 JAN -5 P 4 :44

## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Luning, Debra M A		TELEPHONE 808-599-8370
MAILING ADDRESS (Street) 733 Bishop Street, Suite 1400		FAX 808-599-8342
(City) Honolulu		EMAIL DebbieL@gentryhawaii.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)		

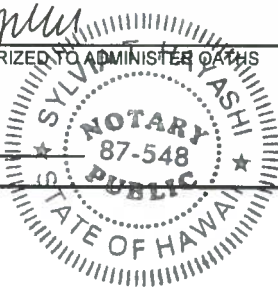
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Gentry Investment Properties ✓		TELEPHONE 808-599-5558
MAILING ADDRESS (No. and Street or P.O Box) 733 Bishop Street, Suite 1400		FAX 808-599-8342
(City) Honolulu		EMAIL DebbieL@gentryhawaii.com
(State) HI		(Zip Code) 96813

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 \$0
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

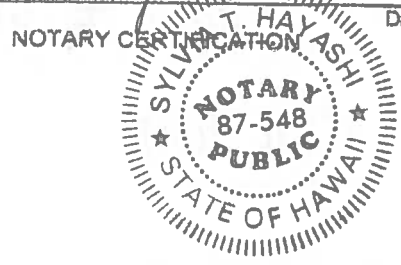
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED		
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public 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 type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): <i>NONE for lobbyist phone</i>		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME	
1. <i>NONE for lobbyist phone</i>	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  _____ DATE <i>1/3/18</i>	Subscribed and sworn to before me This <i>3rd</i> day of <i>January</i> , 2018 By: <i>[Signature]</i> _____ <small>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</small> My commission expires: <i>10-26-19</i> _____ 

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

Sylvia T. Hayashi 1.3.18  
Signature Date



9/8/18



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

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

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18 MAR 28 A11 :19

# ANNUAL REPORT

Lobbyist Annual Report  
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) (First) (Middle) Lyons, Timothy L.		TELEPHONE 808-537-4308	
MAILING ADDRESS (Street) 1188 Bishop St., Ste. 1003-1004		FAX 808-533-2739	EMAIL timilyons@cs.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) TLC-The Legislative Center		TELEPHONE 808-537-4308	
MAILING ADDRESS (No. and Street or P.O Box) 1188 Bishop St., Ste. 1003-1004		FAX 808-533-2739	EMAIL timilyons@cs.com
(City) Honolulu	(State) HI	(Zip Code) 96813	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Anheuser Busch Companies		TELEPHONE 916-442-2600	
MAILING ADDRESS (No. and Street or P.O Box) 1201 K Street, Ste. 730		FAX 314.256.6872	EMAIL Melissa.Ameluxen@anheuser-bu
E-mail: Melissa.Ameluxen@anheuser-busch.com		(Zip Code) 95814	
(City) Sacramento	(State) CA		

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 JP 3/28/17	

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

Fees	Amount
Compensation	Amount \$2000.00
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**

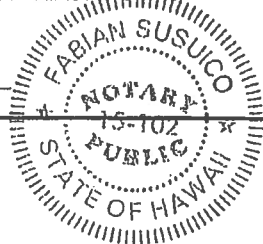
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input checked="" type="checkbox"/> Specific Legislation: <u>NONE</u> 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	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>DATE <u>1/8/2018</u></p>	<p>Subscribed and sworn to before me</p> <p>This <u>8<sup>th</sup></u> day of <u>Jan.</u>, 2018.</p> <p>By: </p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>03/15/2019</u></p>
---	---



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

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

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'18 JAN -9 A8:56

*01-12-18*

## ANNUAL REPORT

Lobbyist Annual Report  
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Magana, Andrew		TELEPHONE (808) 225-9378
MAILING ADDRESS (Street) 615 Piikoi St. #402		FAX
(City) Honolulu (State) HI		EMAIL andrewm@uber.com
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) Uber Technologies, Inc		(Zip Code) 96814
MAILING ADDRESS (No. and Street or P.O. Box) 1455 Market Street, 4th Floor		TELEPHONE 202-794-7387
		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 10,000.00	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. Legislation related to Transportation Network Companies	4.
2. and associated products and services	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.

*[Handwritten Signature]*  
 LOBBYIST SIGNATURE  
 JAN 8, 2018  
 DATE

Subscribed and sworn to before me

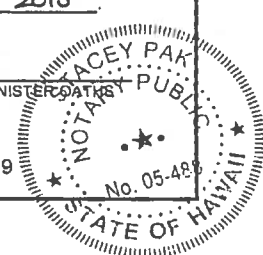
This 8<sup>th</sup> day of January, 2018

By: *[Handwritten Signature]*

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

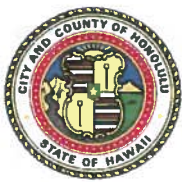
Rev. 12/2017

Deadline: January 10<sup>th</sup> of Each Year

NOTE: This is a public document

*[Handwritten Signature]*  
 Notary Signature Date 01/08/18

NOTARY CERTIFICATION



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

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

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# ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

'18 JAN 16 P2:48

## PART I LOBBYIST

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

## PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Sierra Club of Hawaii		TELEPHONE 808-538-6616
MAILING ADDRESS (No. and Street or P.O Box) PO BOX 2577		FAX
		EMAIL <a href="mailto:hawaii.chapter@sierraclub.org">hawaii.chapter@sierraclub.org</a>
(City) Honolulu	(State) Hawaii	(Zip Code) 96803

## 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 \$ 7,027.20
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a


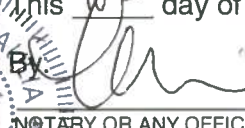
## PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input checked="" type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input 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 57 (2016) - Enacted	7. Bill 79 (2017) - Passed 2nd reading
2. Bill 59 (2016) - Enacted	8. Resolution 17-237 - Adopted
3. Bill 67 (2016) - Enacted	9. Resolution 17-238 - Adopted
4. Bill 25 (2017) - Enacted	10. Resolution 17-284 - Adopted
5. Bill 1 (2017) - Deferred in Committee	<input type="checkbox"/> Check here if additional sheets are attached
6. Bill 71 (2017) - Deferred in Committee	

## PART VII LOBBYIST CERTIFICATION

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

Doc. Date: JAN 10 2018

Name: Mutsuko Caraulia Circuit

Doc. Description: Annual Report

Pages: 2

JAN 10 2018

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](mailto: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) MARCUS, KENNETH B.		TELEPHONE (808) 537-6100
MAILING ADDRESS (Street) 733 BISHOP STREET, SUITE 1900		FAX (808) 537-5434
		EMAIL kmarcus@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	
		TOTAL	0

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

Fees	Amount \$ 4,071.73
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

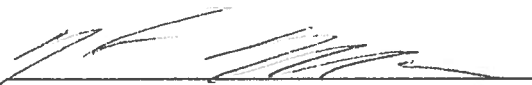

**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

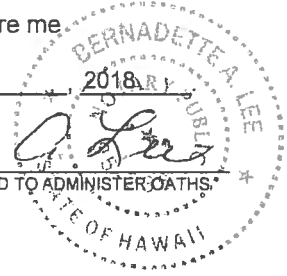
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> 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**

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p></p> <p>LOBBYIST SIGNATURE</p> <p>JANUARY 10, 2018</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>10TH</u> day of <u>JANUARY</u>, <u>2018</u></p> <p>By: </p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</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  
 Email: [ethics@honolulu.gov](mailto:ethics@honolulu.gov)  
 Website: <http://www.honolulu.gov/ethics/>

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# ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

'18 JAN 12 AIO :19

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

<b>PART II ORGANIZATION</b>		TELEPHONE
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Building Industry Association of Hawaii ✓		808-629-7509
MAILING ADDRESS (No. and Street or P.O Box) 94-487 Akoki Street		FAX
(City) Waipahu (State) HI		EMAIL gqm@biahawaii.org
		(Zip Code) 96797

<b>PART III EXPENDITURES, BY TYPE</b>			
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 \$2600.00
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a


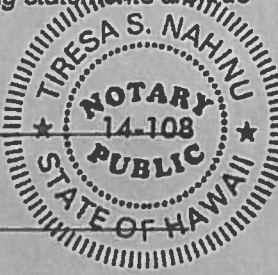
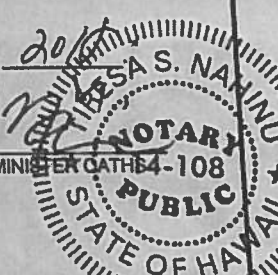
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

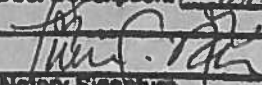
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & 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. Affordable housing requirements	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  1/5/18 DATE		Subscribed and sworn to before me  This <u>5<sup>th</sup></u> day of <u>January</u> , 2018  By <u>Tiresa S. Nahinu</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>April 06, 2018</u>	
---	---	---	---

Doc. Date: IAN 05 2018 # Pages: 1  
 Notary Name: Tiresa S. Nahinu 1<sup>st</sup> Circuit  
 Doc. Description: Annual Report  
  
 Notary Signature IAN 05 2018  
 NOTARY CERTIFICATION Date  
 My commission expires: April 06, 2018



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

TEL: (808) 768-9242 FAX: (808) 768-7768  
 Email: [ethics@honolulu.gov](mailto:ethics@honolulu.gov)  
 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) MARUYAMA, LISA T.		TELEPHONE (808) 384-5568
MAILING ADDRESS (Street) 1020 South Beretania St.		FAX _____
(City) Honolulu	(State) HI	EMAIL lmaruyama@hano-hawaii.org
		(Zip Code) 96814
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O. Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Alliance of Nonprofit Organizations (HAND) ✓		TELEPHONE (808) 529-0454
MAILING ADDRESS (No. and Street or P.O. Box) 1020 South Beretania St. 2nd Fl.		FAX
(City) Honolulu	(State) HI	EMAIL lmaruyama@hano-hawaii.org
		(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		
		TOTAL	0		

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

Fees	Amount
Compensation	Amount \$ 22.00
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 checked="" 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. <u>78</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. <u>Bill 78 (17) - Deferred to 2/18</u>	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><u>1/10/18</u>                  _____                  DATE</p>	<p>Subscribed and sworn to before me</p> <p>This _____ day of _____, _____.</p> <p>By: _____</p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: _____</p>
--	---



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

On this 16<sup>th</sup> day of JANUARY, 2018, before me personally appeared LISA T. MARUYAMA,  personally known to me, or  proved to me on the basis of satisfactory evidence, who, being by me duly sworn or affirmed, did say that such person executed the foregoing instrument, and acknowledged that such person executed the same as the person's free act and deed.



Signature: [Handwritten Signature]  
Name: LAURA F. WOODS  
Notary Public, State of Hawaii  
My commission expires: 9/24/2018

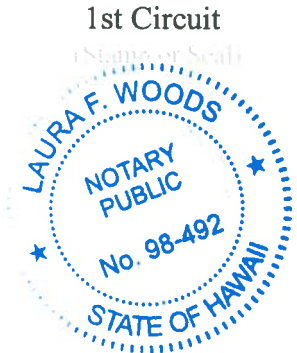
Document Date: JAN 10 2018 No. of Pages: 3 (INCLUDING THIS PAGE)

Notary Name: LAURA F. WOODS

Document Description: ANNUAL REPORT - LOBBYIST  
ANNUAL REPORT

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

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Carpet, Linoleum and Soft Tile Local Union 1926 Market Recovery Trust Fund ✓		TELEPHONE 808-554-3406
MAILING ADDRESS (No. and Street or P.O. Box) 222 S. Vineyard Blvd PH4		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813

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 0
Compensation	Amount 10000
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 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. Bill 3 (2016)	4. Resolution 17-305
2. Resolution 17-42	5. Resolution 17-175
3. Resolution 17-221	<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.*

Jeffrey S. Masatsugu  
 LOBBYIST SIGNATURE

1/9/2018  
 DATE

Subscribed and sworn to before me  
 This 9<sup>TH</sup> day of JANUARY, 2018

By Kimberly L. Zipp  
 NOTARY PUBLIC  
 STATE OF ILLINOIS  
 My commission expires: 02-12-2018

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS  
 KIMBERLY L. ZIPP

Notary Certificate on Back

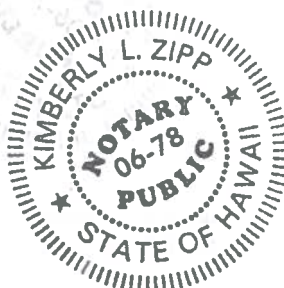
Doc. Date: 01-09-2018 # Pages: 2

Name: Kimberly L. Zipp First Circuit

Doc. Description: ANNUAL REPORT

Kimberly L. Zipp 01-09-2018  
Signature Date

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




PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Tapers Market Recovery Trust Fund ✓		TELEPHONE 808-554-3406
MAILING ADDRESS (No. and Street or P.O Box) 222 S. Vineyard Blvd PH4		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813

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 0
Compensation	Amount 11250
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 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. Bill 3 (2016)	4. Resolution 17-305
2. Resolution 17-42	5. Resolution 17-175
3. Resolution 17-221	<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>  Jeffrey S. Masatsugu LOBBYIST SIGNATURE   1/9/2018 DATE	Subscribed and sworn to before me This <u>9th</u> day of <u>JANUARY</u> , <u>2018</u> .   NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS KIMBERLY L. ZIPP My commission expires: <u>02-12-2018</u>  Notary Certificate on Back 

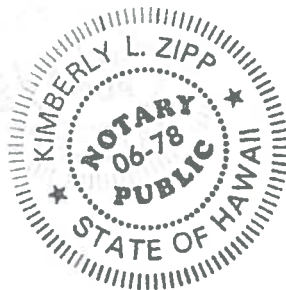
Doc. Date: 01.09.2018 # Pages: 2

Name: Kimberly L. Zipp First Circuit

Doc. Description: ANNUAL REPORT

Kimberly L. Zipp 01.09.18  
Signature Date

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

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Glaziers, Architectural Metal Glassworkers Local Union 1889 AFL-CIO Stabilization ✓		TELEPHONE 808-554-3406
MAILING ADDRESS (No. and Street or P.O Box) 222 S. Vineyard Blvd PH4		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813

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 0
Compensation	Amount 11250
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 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. Bill 3 (2016)	4. Resolution 17-305
2. Resolution 17-42	5. Resolution 17-175
3. Resolution 17-221	<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.  Jeffrey S. Masatsugu LOBBYIST SIGNATURE  1/9/2018 DATE	Subscribed and sworn to before me THIS 9TH day of JANUARY, 2018. BY: <i>Kimberly L. Zipp</i> NOTARY FOR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS KIMBERLY L. ZIPP My commission expires: 02.12.2018 Notary Certificate on Back
--	---

Doc. Date: 01-09-2018 # Pages: 2

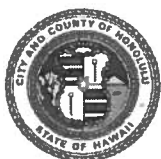
Name: Kimberly L. Zipp First Circuit

Doc. Description: ANNUAL REPORT

Kimberly L. Zipp 01-09-2018  
Signature Date

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

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Painting Industry of Hawaii Labor Management Cooperation Trust Fund ✓		TELEPHONE 808-554-3406
MAILING ADDRESS (No. and Street or P.O. Box) 222 S. Vineyard Blvd, PH4		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813

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 0
Compensation	Amount 11250
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 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. Bill 3 (2016)	4. Resolution 17-305
2. Resolution 17-42	5. Resolution 17-175
3. Resolution 17-221	<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

9TH day of JANUARY, 2018

Jeffrey S. Masatsugu  
 LOBBYIST SIGNATURE

1/9/2018  
 DATE

Kimberly L. Zipp  
 NOTARY PUBLIC  
 STATE OF ILLINOIS  
 My commission expires: 02-12-2019

Kimberly L. Zipp  
 NOTARY PUBLIC  
 STATE OF ILLINOIS

Notary Certificate on Back

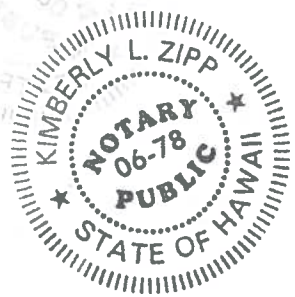
Doc. Date: 01-09-2018 # Pages: 2

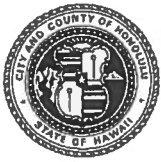
Name: Kimberly L. Zipp First Circuit

Doc. Description: ANNUAL REPORT

Kimberly L. Zipp 01-09-18  
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NOTARY CERTIFICATION





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## ANNUAL REPORT

Lobbyist Annual Report  
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PART I LOBBYIST		
NAME (Last) (First) (Middle) MATSUNAMI, GARRET		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 gmatsunami@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 hereby certify that the foregoing statements are true and correct.</p> <p><i>[Signature]</i></p> <p>LOBBYIST SIGNATURE</p> <p>JAN - 8 2018</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>8th</u> day of <u>January</u></p> <p>By: <i>[Signature]</i>                  KYOKO PATOC, State of Hawaii                  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires:                  June 14, 2020</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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'18 JAN 19 A10 :43

PART I LOBBYIST		
NAME (Last) (First) (Middle) McClellan, WilliamHenry Kekoa		TELEPHONE 8083937937
MAILING ADDRESS (Street) 87855 C Farrington Hwy.		FAX
		EMAIL kekoamcclellan@gmail.com
(City) Maili	(State) HI	(Zip Code) 96792
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) The McClellan Group, LLC		TELEPHONE 8083937937
MAILING ADDRESS (No. and Street or P.O Box) 87855 C Farrington Hwy.		FAX
		EMAIL kekoamcclellan@gmail.com
(City) Maili	(State) HI	(Zip Code) 96792

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) The American Hotel and Lodging Association ✓		TELEPHONE 202.289.3125
MAILING ADDRESS (No. and Street or P.O Box) 1250 I St. NW Suite 1100		FAX
		EMAIL
(City) Washington DC	(State)	(Zip Code) 2005

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 0
Compensation	Amount 52,356.00
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 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 checked="" 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. _____ (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. Short Term Rental Regulation	4. Policy affecting hotel and lodging operators
2. LUO Amendments	5. Policies affecting members of AHLA
3. Policy related to housing and homelessness	<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>19- January - 2018</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This 19<sup>th</sup> day of January, 2018.</p> <p>By: <u>Innocencio C. Ignacio</u>                  Innocencio C. Ignacio                  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires:                  Sept. 24, 2018</p> 
---	--

Doc. Date: JAN 19 2018 # Pages: 2  
Name: Inocencio C. Ignacio First Circuit  
Doc. Description: Annual Report

Inocencio C. Ignacio JAN 19 2018  
Signature Date

NOTARY CERTIFICATION





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

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

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# ANNUAL REPORT

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Lobbyist Annual Report  
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PART I LOBBYIST		
NAME (Last) (First) (Middle) McClellan, WilliamHenry Kekoa		TELEPHONE 8083937937
MAILING ADDRESS (Street) 87855 C Farrington Hwy.		FAX
		EMAIL kekoamcclellan@gmail.com
(City) Maili	(State) HI	(Zip Code) 96792
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) The McClellan Group, LLC		TELEPHONE 8083937937
MAILING ADDRESS (No. and Street or P.O Box) 87855 C Farrington Hwy.		FAX
		EMAIL kekoamcclellan@gmail.com
(City) Maili	(State) HI	(Zip Code) 96792

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Park Hotels and Resorts Inc.		TELEPHONE 703.584.7979
MAILING ADDRESS (No. and Street or P.O Box) 1600 Tysons Blvd. 10th floor		FAX
		EMAIL
(City) Mclean	(State) VA	(Zip Code) 22102

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 0
Compensation	Amount 10,237.50
Contributions	Amount 0
Membership Fees	Amount 0
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a


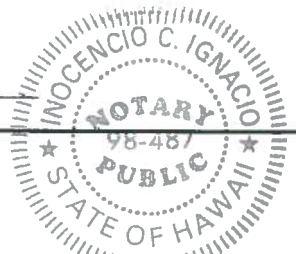
## PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

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

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

1. LUO Amendments	4. Policies related to the Department of Planning and Permitti
2. Policies affecting hotel owners and operators	5. Policies related to the Department of Design and Construct
3. Policies related to the General Plan and Transportation	<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="text-align: center;">                   LOBBYIST SIGNATURE             </div> <div style="text-align: center;">                 19 - Januy - 2018                  DATE             </div>	<p>Subscribed and sworn to before me</p> <p>This <u>19<sup>th</sup></u> day of <u>January</u>, 2018.</p> <p>By: <u>Inocencio C. Ignacio</u>                  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>Sept. 28, 2018</u></p> <div style="text-align: right;">  </div>
---	--

JAN 19 2018

2 - 100 27 001 81

Doc. Date: JAN 19 2018 # Pages: 2  
Name: Inocencio C. Ignacio First Circuit  
Doc. Description: Annual Report

Inocencio C. Ignacio JAN 19 2018  
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](mailto: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) Middlebrook, Matt		TELEPHONE (415) 389-6800
MAILING ADDRESS (Street) c/o 2350 Kerner Blvd., Ste. 250		FAX (415) 388-6874
		EMAIL airbnb@nmgovlaw.com
(City) San Rafael	(State) CA	(Zip Code) 94901
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) Airbnb, Inc. ✓		TELEPHONE (415) 389-6800
MAILING ADDRESS (No. and Street or P.O. Box) c/o 2350 Kerner Blvd., Ste. 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 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 Travel: \$2,000	
		<b>TOTAL \$2,000</b>	

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

Fees	Amount 0.00
Compensation	Amount \$3,200.00
Contributions	Amount 0.00
Membership Fees	Amount 0.00
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

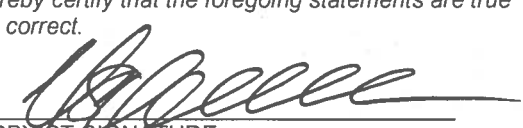
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

<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 checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): Short-term rental regulations		

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

1. Resolution 17-163; Adoped	4.
2. Resolution 17-164; Adopted	5.
3. Resolution 17-052, CD1; Adopted	<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 1/5/18	Subscribed and sworn to before me This ____ day of _____, _____. By: _____ NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: _____
--	---

PLEASE SEE ATTACHED

**CALIFORNIA JURAT WITH AFFIANT STATEMENT**

**GOVERNMENT CODE § 8202**

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

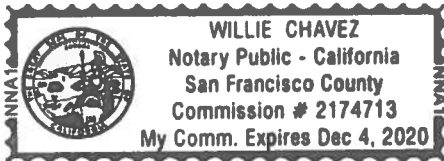
1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_  
 4 \_\_\_\_\_  
 5 \_\_\_\_\_  
 6 \_\_\_\_\_

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

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

State of California  
 County of SAN FRANCISCO

Subscribed and sworn to (or affirmed) before me  
 on this 5<sup>TH</sup> day of JANUARY, 2018,  
 by                      Date                      Month                      Year  
 (1) MATTHEW MIDDLEBROOK



(and (2) \_\_\_\_\_),  
*Name(s) of Signer(s)*

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

Signature *[Handwritten Signature]*  
*Signature of Notary Public*

*Seal*  
 Place Notary Seal Above

**OPTIONAL**

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

**Description of Attached Document**  
 Title or Type of Document: LOBBYIST ANNUAL REPORT                      Document Date: 1/5/18  
 Number of Pages: 1 Signer(s) Other Than Named Above: \_\_\_\_\_





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

TEL: (808) 768-9242 FAX: (808) 768-7768  
 Email: [ethics@honolulu.gov](mailto: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) MIRIKITANI, RICHARD K.		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 <a href="mailto:rmirikitani@castlecooke.com">rmirikitani@castlecooke.com</a>
(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**

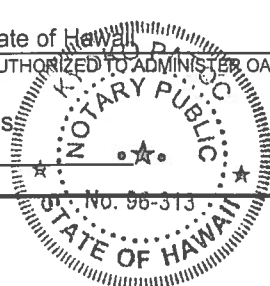
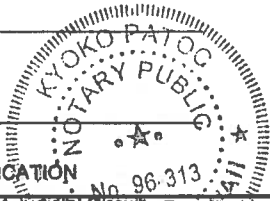
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input 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. 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>5<sup>th</sup></u> day of <u>January</u>, 2018.</p> <p>By: <u>KYOKO PATOC, State of Hawaii</u>                  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires <u>June 14, 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](mailto:ethics@honolulu.gov)  
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## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) MIRIKITANI, RICHARD K. ✓		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 <a href="mailto:rmirikitani@castlecooke.com">rmirikitani@castlecooke.com</a>
(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


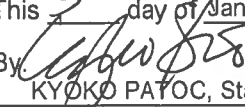
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

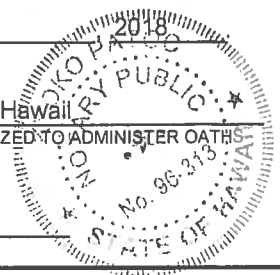
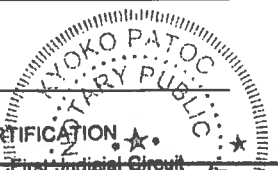
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input 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. 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 5 day of January 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: 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](mailto: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) MIRIKITANI, RICHARD K.		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 rmirikitani@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


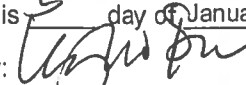
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

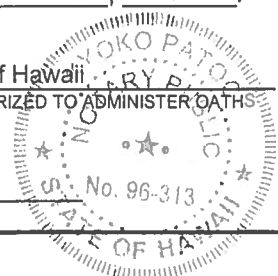
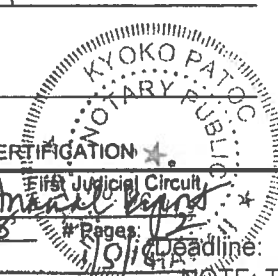
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input 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):		

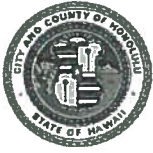
**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME**

1. 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 January, 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](mailto: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) Morris, George A. "Red"		TELEPHONE (808) 531-4551	
MAILING ADDRESS (Street) 222 South Vineyard Street, Suite 401		FAX (808) 533-4601	EMAIL gamorrisinc@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 gamorrisinc@gmail.com
(City) Honolulu	(State) HI	(Zip Code) 96813	

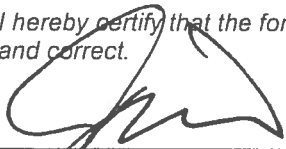
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) American Chemistry Council		TELEPHONE (916) 448-2581	
MAILING ADDRESS (No. and Street or P.O. Box) 1121 L Street, Suite 609		FAX (916) 442-2449	EMAIL Tim_Shestek@americanchemist
(City) Sacramento	(State) CA	(Zip Code) 95814	

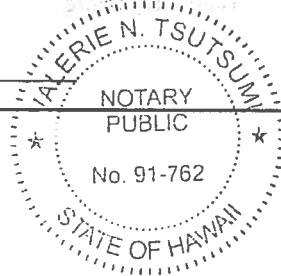
PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL -NA-	

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>10<sup>th</sup></u> day of <u>January</u> , 20 <u>18</u> By: <u>Valerie N. Tsutsumi</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>September 13, 2019</u>



CERTIFICATION ON BACK

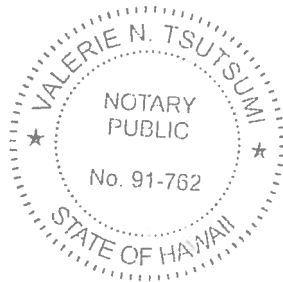


Doc. Date: 01/10/2018 # Pages 2

Notary Name: Valerie N. Tsutsumi First Circuit

Doc. Description Honolulu Ethics Commission  
Annual Report

Valerie N. Tsutsumi 01/10/2018  
Notary Signature Date





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

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

PART I LOBBYIST		
NAME (Last) (First) (Middle) Morris, George "Red" A.		TELEPHONE (808) 531-4551
MAILING ADDRESS (Street) 222 South Vineyard Street, Suite 401		FAX (808) 533-4601
(City) Honolulu	(State) HI	EMAIL red.morris@808cch.com
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		(Zip Code) 96813
MAILING ADDRESS (No. and Street or P.O. Box) 222 South Vineyard Street, suite 401		TELEPHONE (808) 531-4551
(City) Honolulu	(State) HI	FAX (808) 533-4601
		EMAIL red.morris@808cch.com
		(Zip Code) 96813



PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Charley's Taxi		TELEPHONE (808) 233-3333
MAILING ADDRESS (No. and Street or P.O. Box) 1451 S King Street, Suite 300		FAX
(City) Honolulu	(State) HI	EMAIL dale@charleystaxi.com
		(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			

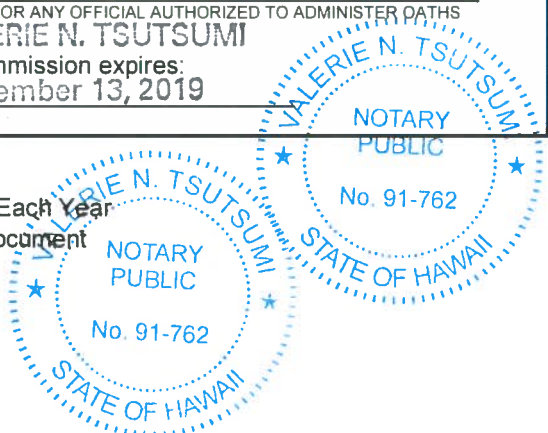
PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING	
Fees	Amount
Compensation	Amount \$1,047.12
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

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 16-65 Re-referred	4. Bill 17-36 Passed Third Reading
2. Bill 16-55 passed	5. Bill 17-85 Re-referred
3. Bill 16-56 Re-referred	<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>            LOBBYIST SIGNATURE</p> <p><u>3/21/18</u>            DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>21<sup>st</sup></u> day of <u>March</u>, <u>2018</u></p> <p>By: </p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER PATHS  <b>VALERIE N. TSUTSUMI</b>            My commission expires:  <u>September 13, 2019</u></p>

Doc. Date: 03/21/2018 # Pages 2 Deadline: January 10<sup>th</sup> of Each Year  
 Rev. 12/2017 Notary Name: Valerie N. Tsutsumi First Circuit NOTE: This is a public document  
 Doc. Description Annual Report  
  
 Notary Signature 03/21/2018  
 Date





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

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

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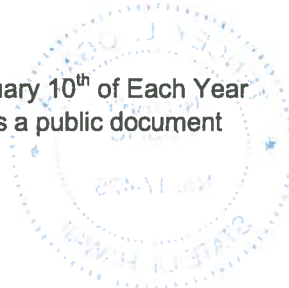
## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

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

PART II 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 \$0.00	



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

Fees	Amount
Compensation Lobbying constitutes 2% of annual salary	Amount \$1,500
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):		

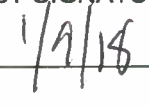
**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME**

1. Real Property Tax Rate for Hotels Reso 17-70	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

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

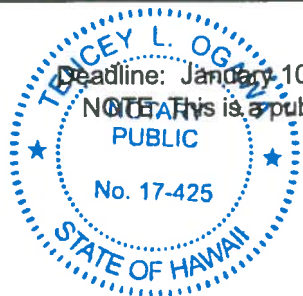
Subscribed and sworn to before me

This 9th day of January, 2018.

By: 

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS  
TENCEY L. OGAWA  
My commission expires: 10/08/2021


Rev. 12/2017



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

Notary Name: Tencey L. Ogawa First Circuit

Doc. Description: ANNUAL REPORT

  
 Notary Signature

01/09/2018  
 Date

Deadline: January 10<sup>th</sup> 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](mailto: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) Nellis Daniel X		TELEPHONE 808-621-3201
MAILING ADDRESS (Street) 1116 Whitmore Avenue		FAX 808-621-7410
(City) Wahiawa		EMAIL dan.nellis@dole.com
(State) HI	(Zip Code) 96786	
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) Dole Food Company Hawaii a division of Dole Food Company, Inc.		TELEPHONE 808-621-3200
MAILING ADDRESS (No. and Street or P.O Box) 1116 Whitmore Avenue		FAX 808-621-7410
		EMAIL
(City) Wahiawa	(State) HI	(Zip Code) 96786

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
Compensation	Amount \$500
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

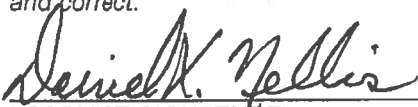
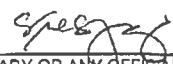
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

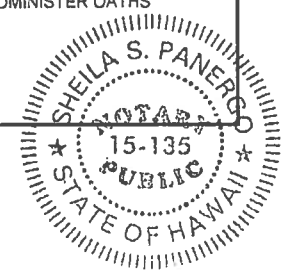
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> 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>SB 1309</u> (Year) <u>2017</u> Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): <u>IAL, North Shore Ag Committee</u>		

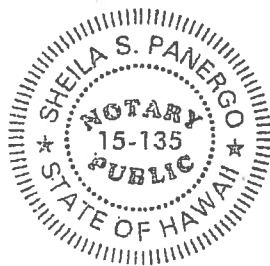
**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME**

1. Testimony in support of SB 1309 Ag Land Exchange bill determined by	4.
2. WTR & AEN committees	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>1/9/2018</u> DATE	Subscribed and sworn to before me This <u>9th</u> day of <u>January</u> , 2018. By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>APR 05 2019</u>
--	---





Doc. Date: JAN 09 2018 # Pages: 2  
Name: Sheila S. Panergo 1st Circuit  
Doc. Description: Annual Report

Sheila S. Panergo JAN 09 2018  
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](mailto: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) Nip, Celeste		TELEPHONE (808) 531-4551
MAILING ADDRESS (Street) 222 South Vineyard Street, Suite 401		FAX (808) 533-4601
		EMAIL nipfire@hawaii.rr.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 nipfire@hawaii.rr.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@americanchemists.org
(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**

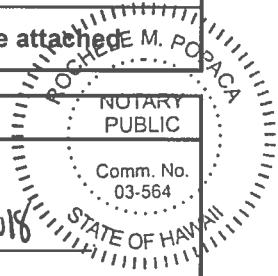
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<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**

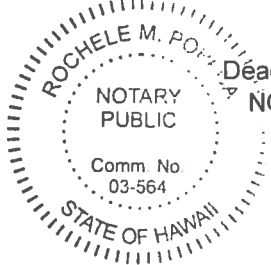
1. Bill 17-71 Deferred	4. Resolution 17-311 Introduced
2. Bill 17-73 Deferred	5. Resolution 17-340 Introduced
3. Bill 17-108 Introduced	<input type="checkbox"/> Check here if additional sheets are attached

**PART VII LOBBYIST CERTIFICATION**

<p>I hereby certify that the foregoing statements are true and correct.</p> <p><i>[Signature]</i></p> <p>LOBBYIST SIGNATURE</p> <p>1/12/18</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>10th</u> day of <u>January</u>, 2018</p> <p>By: <i>[Signature]</i> <u>Rochele M. Popaca</u>                  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>SEP 28 2019</u></p>
--	---



Rev. 12/2017



Deadline: January 10<sup>th</sup> of Each Year  
 NOTE: This is a public document

Doc. Description: Annual Report

Doc. Date: 1/12/18 No. Pages: Two  
[Signature] Notary Printed Name: Rochele M. Popaca Jud. Circuit: 1st



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

TEL: (808) 768-9242 FAX: (808) 768-7768  
 Email: [ethics@honolulu.gov](mailto: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) ORMAN, LINDSAY E.		TELEPHONE (808) 537-6100
MAILING ADDRESS (Street) 733 BISHOP STREET, SUITE 1900		FAX (808) 537-5434
		EMAIL lorman@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 \$ 29,385.85
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**

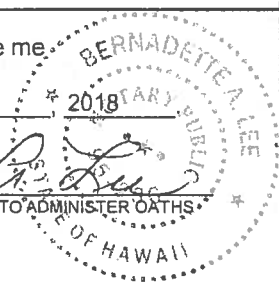
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> 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><u><i>Bridget Oeman</i></u>                  LOBBYIST SIGNATURE</p> <p><u>JANUARY 10, 2018</u>                  DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>10TH</u> day of <u>JANUARY</u> <u>2018</u></p> <p>By: <u><i>Bernadette P. Lee</i></u>                  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>6/29/2019</u></p>
--	---



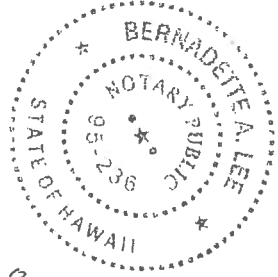
NOTARY CERTIFICATION STATEMENT

Doc. Date: January 10, 2018     Undated at time of notarization

Document Description: City and County of Honolulu Ethics  
Commission Lobbyist Annual Report for Lindsay E. Orman  
(Park Hotels & Resorts Inc.)

No. of Pages: 3

Jurisdiction: First Judicial Circuit  
Honolulu, Hawaii



Bernadette A. Lee January 10, 2018  
Signature of Notary                                      Date of Notarization and

Certification Statement

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



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

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

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## ANNUAL REPORT

Lobbyist Annual Report  
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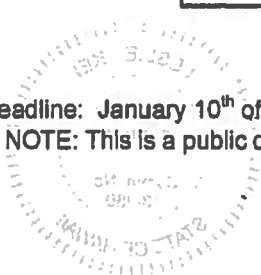
PART I LOBBYIST		
NAME (Last) (First) (Middle) OSHIMA, Alan M.		TELEPHONE 808-543-4800
MAILING ADDRESS (Street) P. O. Box 2750		FAX 808-203-1500
		EMAIL alan.oshima@hawaiianelectric.co
(City) Honolulu	(State) HI	(Zip Code) 96840
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity 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	

STATE OF HAWAII  
 DEPARTMENT OF LAND AND NATURAL RESOURCES  
 DIVISION OF LAND MANAGEMENT  
 1505 ALI'OLE DRIVE, SUITE 200, HONOLULU, HI 96815  
 TEL: (808) 585-1234 FAX: (808) 585-1234  
 www.dlnr.hawaii.gov  
 Rev. 12/2017

Deadline: January 10<sup>th</sup> 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

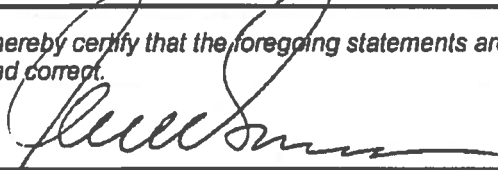

**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

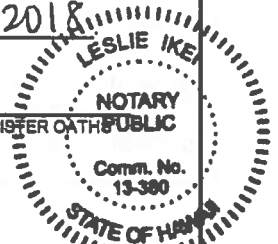
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> 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

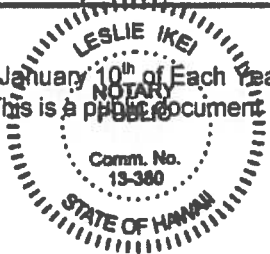
**PART VII LOBBYIST CERTIFICATION**

I hereby certify that the foregoing statements are true and correct.  _____ LOBBYIST SIGNATURE 1/4/18 _____ DATE	Subscribed and sworn to before me This <u>4th</u> day of <u>January</u> , 2018 By:  _____ NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: 11/3/21
---	--



Rev. 12/2017

Deadline: January 10<sup>th</sup> of Each Year  
 NOTE: This is a public document



Doc. Date: 1/4/18 # Pages: 2  
 Name: Leslie Ikei 1<sup>st</sup> Circuit  
 Doc. Description: Honolulu Ethics Comm. Annual Report  
 \_\_\_\_\_  
 Notary Signature \_\_\_\_\_ Date 1/4/18  
 My Commission Expires 11/21/21



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

TEL: (808) 768-9242 FAX: (808) 768-7768  
 Email: [ethics@honolulu.gov](mailto: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) Oshiro Paul T.		TELEPHONE (808) 525-6640
MAILING ADDRESS (Street) P. O. Box 3440		FAX (808) 525-6677
		EMAIL poshiro@abhi.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96801
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Alexander & Baldwin ✓		TELEPHONE (808) 525-6640
MAILING ADDRESS (No. and Street or P.O Box) P. O. Box 3440		FAX (808) 525-6677
		EMAIL poshiro@abhi.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96801

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 None	
		TOTAL	\$0.00



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

Fees	Amount \$0.00
Compensation	Amount \$1,593
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 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. <u>58</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. Important Agricultural Lands County Mapping (Pending)	4.
2. Affordable Housing Policy (Pending)	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  December 27, 2017 DATE	Subscribed and sworn to before me This <u>27<sup>th</sup></u> day of <u>December</u> , <u>2017</u> By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS <b>CHERYL A. ONISHI</b> My commission expires: <u>APR 17 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](mailto:ethics@honolulu.gov)  
 Website: <http://www.honolulu.gov/ethics/>

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# ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

'18 JAN 10 P 7:01

PART I LOBBYIST		
NAME (Last) (First) (Middle) Pavlicek, Melissa ✓		TELEPHONE 808-447-1840
MAILING ADDRESS (Street) 1099 Alakea Street Suite 2530		FAX
(City) Honolulu		(State) HI
		EMAIL mpavlicek@hawaiipublicpolicy.co
		(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) Hawaii Public Policy Advocates, LLC		TELEPHONE 808-447-1840
MAILING ADDRESS (No. and Street or P.O Box) 1099 Alakea Street Suite 2530		FAX
(City) Honolulu		(State) HI
		EMAIL
		(Zip Code) 96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Safeway ✓		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box) 5918 Stoneridge Mall Road		FAX
(City) Pleasanton		(State) CA
		EMAIL
		(Zip Code) 94588

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 01/12/18

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

Fees	Amount \$3,000
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 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. Monitor environmental & business regulations	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><u>Melanie Parker</u></p> <p>LOBBYIST SIGNATURE</p> <p><u>1/9/18</u></p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>9th</u> day of <u>January</u>, 2018</p> <p>By: <u>[Signature]</u></p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>9/18/2018</u></p>
--	---

Doc Date: 1/9/2018 # Pages: 2  
Name: Charlotte Nakayama First Circuit  
Doc. Description: Annual Report

[Signature] 1/9/2018  
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](mailto:ethics@honolulu.gov)  
 Website: <http://www.honolulu.gov/ethics/>

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## ANNUAL REPORT

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Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Pavlicek, Melissa ✓		TELEPHONE 808-447-1840
MAILING ADDRESS (Street) 1099 Alakea Street Suite 2530		FAX
(City) Honolulu		(State) HI
		EMAIL mpavlicek@hawaiipublicpolicy.co
		(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) Hawaii Public Policy Advocates, LLC		TELEPHONE 808-447-1840
MAILING ADDRESS (No. and Street or P.O Box) 1099 Alakea Street Suite 2530		FAX
(City) Honolulu		(State) HI
		EMAIL
		(Zip Code) 96813

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
(City) Kapolei		(State) HI
		EMAIL
		(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	NONE to 01/12/18

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

Fees	Amount \$6,500
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 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. Support for county recycling programs	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><u>Melvin Particev</u></p> <p>LOBBYIST SIGNATURE</p> <p><u>1/9/18</u></p> <p>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>[Signature]</u></p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>9/18/2018</u></p>
---	---

Doc Date: 1/9/2018 # Pages: 2  
Name: Charlotte Nakayama First Circuit  
Doc. Description: Annual Report

[Signature] 1/9/2018  
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](mailto: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) Peters, Shane Hoaliku		TELEPHONE (808) 421-9879
MAILING ADDRESS (Street) 3655 Kawelolani Place		FAX
(City) Honolulu		EMAIL shane@peters-comm.com
(State) Hawaii		(Zip Code) 96816
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) Peters Communications, LLC		TELEPHONE (808) 421-9879
MAILING ADDRESS (No. and Street or P.O Box) 3655 Kawelolani Place		FAX
(City) Honolulu		EMAIL shane@peters-comm.com
(State) Hawaii		(Zip Code) 96816

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Airbnb, Inc. ✓		TELEPHONE (415) 389-6800
MAILING ADDRESS (No. and Street or P.O Box) c/o Joel Aurora NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP 2350 Kerner Blvd., Ste. 250		FAX
(City) San Rafael		EMAIL jaurora@nmgovlaw.com
(State) Hawaii		(Zip Code) 96816

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


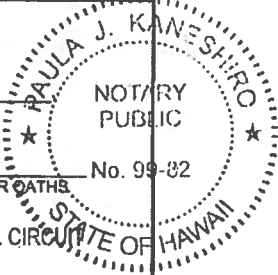
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

<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 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. (see Other) (Year) 2017 Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): Resos 17-52, 17-163, 17-164, 17-301		

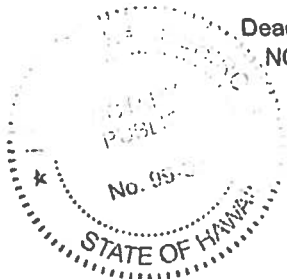
**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME**

1. short-term rental and land use policies, ONGOING	4. Reso 17-164 Passed
2. Reso 17-52 Passed	5. Reso 17-301 Passed
3. Reso 17-163 Passed	<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 ____ day of <u>JAN - 9 2018</u> By: <u>Paula Kaneshiro</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS PAULA J. KANESHIRO NOTARY PUBLIC FIRST JUDICIAL CIRCUIT STATE OF HAWAII My commission expires 2/16/19	
---	--	---

Rev. 12/2017



Deadline: January 10<sup>th</sup> of Each Year  
 NOTE: This is a public document

Doc. Date:	<u>JAN - 9 2018</u>	# Pages:	<u>2</u>
Notary Name:	PAULA J. KANESHIRO First Circuit		
Doc. Description:	<u>Annual Report</u>		
Notary Signature:	<u>Paula Kaneshiro</u>	Date:	<u>JAN - 9 2018</u>



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

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

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

PART II 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
		EMAIL lindsay_stovall@americanchemistry.com
(City) Sacramento	(State) California	(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
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a


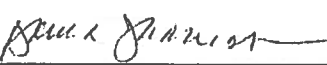
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

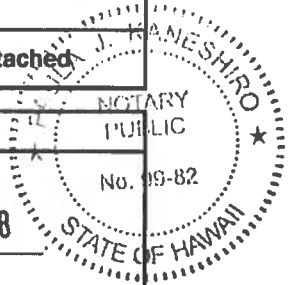
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input 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 checked="" type="checkbox"/> Other (indicate below): <b>Bill 17-108, Bill 17-73, Bill 17-71</b>		

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

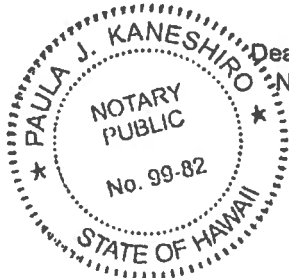
1. Bill 17-108 introduced	4.
2. Bill 17-73 deferred	5.
3. Bill 17-71 deferred	<input type="checkbox"/> Check here if additional sheets are attached

**PART VII LOBBYIST CERTIFICATION**

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 1/7/18 DATE	Subscribed and sworn to before me This <u>    </u> day of <u>    </u> <b>JAN - 9 2018</b> By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS PAULA J. KANESHIRO My commission expires NOTARY PUBLIC FIRST JUDICIAL CIRCUIT STATE OF HAWAII COMMISSION EXPIRES 2/16/19
---	--

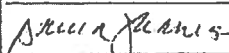


Rev. 12/2017



Deadline: January 10<sup>th</sup> of Each Year

NOTE: This is a public document

Doc Date: <b>JAN - 9 2018</b>	# Pages: <b>2</b>
Notary Name: PAULA J. KANESHIRO First Circuit	
Doc. Description: <b>Annual Report</b>	
	<b>JAN - 9 2018</b>
Notary Signature	Date