



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

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

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ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

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

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Food Industry Association ✓		TELEPHONE (808) 533-1292
MAILING ADDRESS (No. and Street or P.O. Box) 1050 Bishop St., PMB 235		FAX
		EMAIL
(City) Honolulu	(State) Hawaii	(Zip Code) 96813

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 0.00
Compensation	Amount 250.00
Contributions	Amount 0.00
Membership Fees	Amount 0.00
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

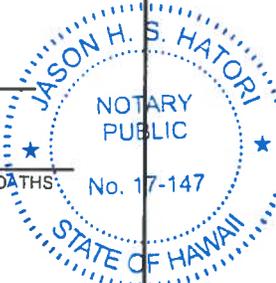
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

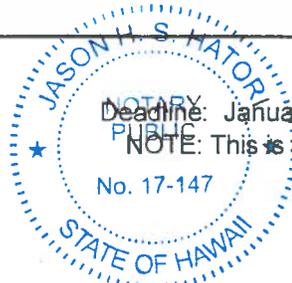
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input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

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

1. Bill 59 (plastic bags) --> enacted 07/24/17	4.
2. Bill 9 (food waste) --> deferred in committee	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct. <u>Melissa Takaaya</u> LOBBYIST SIGNATURE <u>01/08/18</u> DATE	Subscribed and sworn to before me This <u>08</u> day of <u>JAN 08 2018</u> By: <u>[Signature]</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS: _____ My commission expires: <u>JUN 11 2021</u> Doc. Date: <u>JAN 08 2018</u> # Pages <u>2</u>
	



Notary Name: Jason H.S. Hatori First Circuit
 Deadline: January 10th of Each Year
 NOTE: This is a public document Annual Report

[Signature] JAN 08 2018
 Notary Signature Date



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ANNUAL REPORT

Lobbyist Annual Report
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PART I LOBBYIST		
NAME (Last) (First) (Middle) Takemoto, Alan, T.		TELEPHONE 685-8371
MAILING ADDRESS (Street) P.O. Box 200 94-520 Kunia Rd.		FAX 685-8365
(City) Kunia		EMAIL alan.takemoto@monsanto.com
(State) Hawaii		(Zip Code) 96759
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O. Box)		FAX
		EMAIL
(City)		(Zip Code)
(State)		

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Monsanto Company		TELEPHONE 685-8371
MAILING ADDRESS (No. and Street or P.O. Box) P.O. Box 200 94-520 Kunia Rd.		FAX 685-8365
(City) Kunia		EMAIL
(State) Hawaii		(Zip Code) 96759

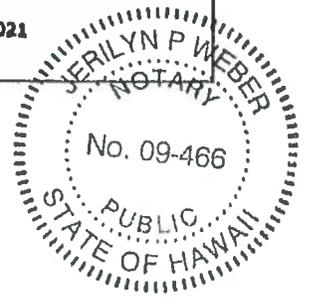
PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL 0	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING	
Fees	Amount
Compensation	Amount \$1,500.00
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME	
1. NONE by 1/8/18	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>  Alan Takemoto LOBBYIST SIGNATURE 1/02/18 DATE	Subscribed and sworn to before me This 4 th day of January, 2018 By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: My commission expires November 8, 2021



Hawaii Document Stamp

Doc. Date:	1/4/2018	# Pages:	3
Notary Name:	Jerilyn P. Weber	1st	Circuit
Doc. Description:	Annual Report Lobbyist Annual Report		
Notary Signature:	Jerilyn P. Weber	1/4/18	Date



My commission expires November 8, 2021



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ANNUAL REPORT

Lobbyist Annual Report
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PART I LOBBYIST		
NAME (Last) (First) (Middle) Tam, Sharene, A.S.		TELEPHONE 8086899611
MAILING ADDRESS (Street) 91-1001 Kaimalie Street #205		FAX 8086895757
		EMAIL stam@haseko.com
(City) Ewa Beach	(State) HI	(Zip Code) 96706
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Haseko (Ewa), Inc., Haseko Development, Inc.		TELEPHONE 8086899611
MAILING ADDRESS (No. and Street or P.O Box) 91-1001 Kaimalie Street #205		FAX 8086895757
		EMAIL stam@haseko.com
(City) Ewa Beach	(State) HI	(Zip Code) 96706

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 \$1,000.00	
		TOTAL \$1,000.00	

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

Fees	Amount \$0.00
Compensation	Amount \$3,500
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 type="checkbox"/> Other (indicate below):		

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

1. Discuss updates to the Land Use Ordinance. No decision.	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 01/10/2018 DATE	Subscribed and sworn to before me This <u>10th</u> day of <u>January</u> , 201 <u>8</u> . By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS Nobuko S. Holyfield My commission expires: 1/29/2019
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Lobbyist Annual Report
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PART I LOBBYIST		
NAME (Last) (First) (Middle) TANIDA, CORIE I		TELEPHONE (808) 275-6275
MAILING ADDRESS (Street) 307 A Kamani St.		FAX
(City) Honolulu	(State) HI	EMAIL ctanida@commoncause.org
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) Common Cause		(Zip Code) 96813
MAILING ADDRESS (No. and Street or P.O Box) 805 15th St, NW, Ste 800		TELEPHONE (202) 833-1200
		FAX
(City) Washington DC	(State)	EMAIL
		(Zip Code) 20005

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Common Cause Hawaii ✓		TELEPHONE (808) 275-6275
MAILING ADDRESS (No. and Street or P.O Box) 307A Kamani St		FAX
(City) Honolulu	(State) HI	EMAIL hawaii@commoncause.org
		(Zip Code) 96813

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

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

Fees	Amount 0
Compensation	Amount \$ 300
Contributions	Amount 0
Membership Fees	Amount 0
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

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

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

1. <u>Bill 90 (2017) Passed 2nd reading as of this writing</u>	4. <u>Oppose</u>
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.

Laurie Awa
 LOBBYIST SIGNATURE

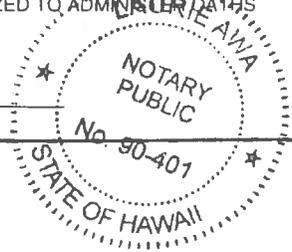
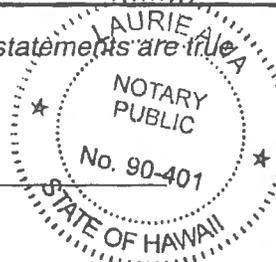
1/8/18
 DATE

Doc. Date: JAN 08 2018 # Pages: 2
 Name: LAURIE AWA First Circuit: JUL 12 2018
 Doc. Description: Annual

Subscribed and sworn to before me
 This day of JAN 08 2018
 By: Laurie Awa
 NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires: JUL 12 2018

Laurie Awa
 Notary Signature





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Lobbyist Annual Report
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PART I LOBBYIST			
NAME (Last) (First) (Middle) Taniguchi, Chad Ken		TELEPHONE 808 255 8271	
MAILING ADDRESS (Street) 3442 Waiatae Ave #1 Honolulu, HI 96816		FAX	
(City) Honolulu	(State) HI	EMAIL chad@hbl.org	
(Zip Code) 96816		TELEPHONE	
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) NA		TELEPHONE	
MAILING ADDRESS (No. and Street or P.O Box) NA		FAX	
EMAIL		TELEPHONE	
(City) NA	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Bicycling League		TELEPHONE 808 735 5756	
MAILING ADDRESS (No. and Street or P.O Box) 3442 Waiatae Ave #1		FAX 808 735 7989	
EMAIL bicycler@hbl.org		TELEPHONE	
(City) Honolulu	(State) HI	(Zip Code) 96816	

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

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

Fees	Amount <u>NA</u>
Compensation <u>time to testify on bills</u>	Amount <u>\$1330</u>
Contributions	Amount <u>NA</u>
Membership Fees	Amount <u>NA</u>
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

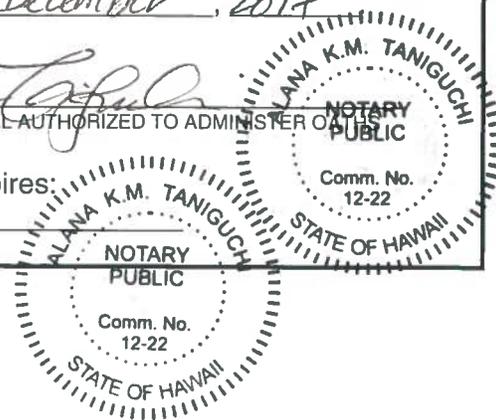
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input checked="" type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input 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): <u>City Council Bills 74, 75 (2015); 67 (2016), 77 (2017), Reso 17-173, GIA (2017 re biteshare)</u>		

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

1. <u>see above Part V</u>	4.
2. <u>attached to 1/18</u>	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><i>[Signature]</i></u></p> <p>LOBBYIST SIGNATURE</p> <p>DATE <u>12/27/17</u></p> <p>Document Date: <u>12-27-17</u> # pgs: <u>2</u></p> <p>Notary Name: <u>Alana K.M. Taniguchi</u> First Circuit</p> <p>Doc. Description: <u>Annual Report</u></p>	<p>Subscribed and sworn to before me</p> <p>This <u>27th</u> day of <u>December</u>, 20<u>17</u></p> <p>By: <u><i>[Signature]</i></u></p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>1-1-2020</u></p>
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Lobbyist Annual Report
Chad Taniguchi
Additional Information for Part VI Outcomes

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

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

Bill 67 (2016) – passed in June 2017

Resolution 17-173 – passed in July 2017

Bill 77 (2017) – passed in February 2018





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ANNUAL REPORT

Lobbyist Annual Report
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PART I LOBBYIST		
NAME (Last) (First) (Middle) Thornton, Gavin Keith		TELEPHONE 808-587-7605
MAILING ADDRESS (Street) 119 Merchant Street, Ste. 605A		FAX
(City) Honolulu		EMAIL gavin@hiappleseed.org
(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
(City)		EMAIL
(State)		(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Appleseed Center for Law & Economic Justice		TELEPHONE 808-587-7605
MAILING ADDRESS (No. and Street or P.O Box) 119 Merchant Street, Ste. 605A		FAX
(City) Honolulu		EMAIL info@hiappleseed.org
(State) HI		(Zip Code) 96813

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

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

Fees	Amount NA
Compensation	Amount \$606
Contributions	Amount NA
Membership Fees	Amount NA
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

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

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

1/8
2/14
phone

1. Bill 15 (TOD Affordable Hsg Requirements) - <i>Adopted</i>	4.
2. Reso 16-308 (commenting on housing proposals) - <i>Adopted</i>	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 12/29/2017 DATE	Subscribed and sworn to before me This <u>29th</u> day of <u>December</u> , 2017. By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>11/16/2020</u> 
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ANNUAL REPORT

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PART I LOBBYIST		
NAME (Last) (First) (Middle) Toyofuku, Robert, S.		TELEPHONE (808) 524-4155
MAILING ADDRESS (Street) 1000 Bishop Street, Suite 503		FAX
		EMAIL toyofuku@hiadvocates.com
(City) Honolulu	(State) HI	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) BT Consulting, Inc. dba Advocates		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box) 1000 Bishop Street, suite 503		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaiian Humane Society ✓		TELEPHONE (808) 356-2200
MAILING ADDRESS (No. and Street or P.O Box) 2700 Waiālae Avenue		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96826

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

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

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

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

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

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

1. Bill 22 enacted as ordinance 17-43	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

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

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

Notary Name: TAMMY M. YOSHIMURA First Circuit

Doc. Description: Annual Report
Lobbyist Annual Report

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



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

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

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ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Toyofuku, Robert, S.		TELEPHONE (808) 524-4155
MAILING ADDRESS (Street) 1000 Bishop Street, Suite 503		FAX
(City) Honolulu		EMAIL toyofuku@hiadvocates.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) BT Consulting, Inc. dba Advocates		TELEPHONE (415) 986-2715
MAILING ADDRESS (No. and Street or P.O Box) 1000 Bishop Street, suite 503		FAX
(City) Honolulu		EMAIL
(State) HI		(Zip Code) 96813

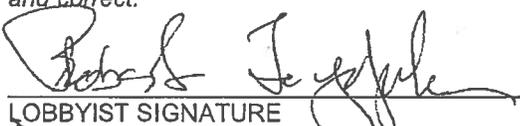
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Credit Union League		TELEPHONE (808) 941-0556
MAILING ADDRESS (No. and Street or P.O Box) 1654 South King Street		FAX
(City) Honolulu		EMAIL
(State) HI		(Zip Code) 96826

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

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 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. <u>N/A</u>	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></p> <p>LOBBYIST SIGNATURE</p> <p><u>December 28, 2017</u></p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>28th</u> day of <u>December</u>, <u>2017</u>.</p> <p>By: </p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>TAMMY M. YOSHIMURA Notary Public, State of Hawaii</p> <p>My commission expires <u>9-22-2020</u> L.S.</p>

Doc. Date: 12/28/2017 # Pages: 3
Notary Name: TAMMY M. YOSHIMURA First Circuit
Doc. Description: Annual Report
Lobbyist Annual Report
Tammy M. Zoli 12/28/2017 (Stamp or Seal)
Notary Signature Date L.S.



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

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

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ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Toyofuku, Robert, S.		TELEPHONE (808) 524-4155
MAILING ADDRESS (Street) 1000 Bishop Street, Suite 503		FAX
		EMAIL toyofuku@hiadvocates.com
(City) Honolulu	(State) HI	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) BT Consulting, Inc. dba Advocates		TELEPHONE (415) 986-2715
MAILING ADDRESS (No. and Street or P.O Box) 1000 Bishop Street, suite 503		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Uber Technologies ✓		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box) 1455 Market Street, #400		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	Ⓞ

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 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. 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>Robert Joseph</i> LOBBYIST SIGNATURE</p> <p>December 28, 2017 DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>28th</u> day of <u>December</u>, 2017.</p> <p>By: <i>Tammy M. Yoshimura</i></p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS TAMMY M. YOSHIMURA Notary Public... My commission expires: <u>9-22-2020</u> <i>State of Hawaii</i> L.S.</p>

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

Notary Name: TAMMY M. YOSHIMURA First Circuit

Doc. Description: Annual Report
Lobbyist Annual Report

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

L.S.

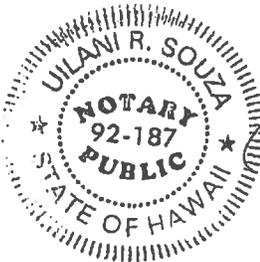
**CITY AND COUNTY OF HONOLULU
ETHICS COMMISSION
LOBBYIST ANNUAL REPORT FORM**

91-12-18

Name	<u>Tsujimura /</u>	<u>Matthew /</u>	<u>W.</u>
	<small>(Print) Last</small>	<small>First</small>	<small>Middle</small>
Business Address	<u>999 Bishop Street, #1400, Honolulu, HI 96813</u>		Phone <u>808-539-0400</u>
	<small>(Street, City, State, Zip Code)</small>		
Email Address:	<u>mtsujimura@awlaw.com</u>		
State name and address of organization you lobbied for.			
<u>Wyndham Vacation Ownership /</u> <u>6277 Sea Harbor Drive</u> <u>Orlando, FL 32821</u>			
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.			
		Doc. Date: <u>NFC 21 2017</u>	# Pages: <u>1</u>
		Name: <u>Uilani R. Souza</u>	First Circuit
		Doc. Description: <u>City and County of Honolulu</u>	
		<u>Ethics Commission Lobbyist Annual Report Form</u>	
Other information.		<u>Uilani R. Souza</u>	<u>DEC 21 2017</u>
		Signature	Date
		NOTARY CERTIFICATION	
I hereby certify that the foregoing statements are true and correct.		Subscribed and sworn to before me	
		This <u>21</u> day of <u>December</u> , 20 <u>17</u>	
		By <u>Uilani R. Souza</u>	
		Notary or any official authorized to administer oaths	
		My commission expires: <u>March 24, 2020</u>	
<u>[Signature]</u>			
(Signature)			

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DUE DATE OF THIS REPORT IS JANUARY 10 OF EACH YEAR

(See back of this form for information.)

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

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

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ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Tsuji ^m ura Ri ^k B.		TELEPHONE (808) 539-0400
MAILING ADDRESS (Street) 999 Bishop Street, Suite 1400		FAX (808) 533-4945
		EMAIL rtsujimura@awlaw.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) SanHi Government Strategies, A Limited Liability Law Partnership		TELEPHONE (808) 539-0400
MAILING ADDRESS (No. and Street or P.O Box) 999 Bishop Street, Suite 1400		FAX (808) 533-4945
		EMAIL rtsujimura@awlaw.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Wyndham Vacation Ownership ✓		TELEPHONE (407) 626-5848
MAILING ADDRESS (No. and Street or P.O Box) 6277 Sea Harbor Drive		FAX 407-626-5223
		EMAIL wyndhamvacation@wyn.com
(City) Orlando	(State) Florida	(Zip Code) 32821

PART III EXPENDITURES, BY TYPE			
Political Contributions \$0	Amount \$0	Receptions, Meals, Food & Beverages	Amount \$0
Preparation & Distribution of Lobbying Materials	Amount \$0	Media Advertising	Amount \$0
Entertainment & Events \$0	Amount \$0	Other \$0	
		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 checked="" type="checkbox"/> n/a

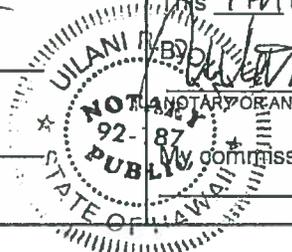
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<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 01/10/18; phone</i>		

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

1. <i>NONE for 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 JAN 09 2018 DATE	Subscribed and sworn to before me This <u>9th</u> day of <u>January</u> , 2018.  Uilani R. Souza My commission expires: <u>March 24, 2020</u>
--	--



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

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

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ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Wang, Cynthia		TELEPHONE (415) 389-6800
MAILING ADDRESS (Street) c/o 2350 Kerner Blvd., Ste. 250		FAX (415) 388-6874
(City) San Rafael		EMAIL airbnb@nmgovlaw.com
(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)		(Zip Code)
(State)		

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
(City) San Rafael		EMAIL airbnb@nmgovlaw.com
(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	0.00
		TOTAL	0.00

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

Fees	Amount 0.00
Compensation	Amount \$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

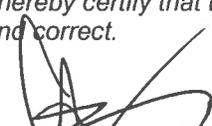
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

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

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

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

PART VII LOBBYIST CERTIFICATION

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

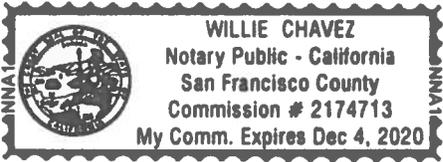
1 _____
 2 _____
 3 _____
 4 _____
 5 _____
 6 _____

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 10th day of JANUARY, 2018
 by Date Month Year
 (1) CYNTHIA WANG



(and (2) _____),
Name(s) of Signer(s)

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

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
LOBBYIST ANNUAL REPORT, HI ETHICS COMMISSION
 Title or Type of Document: _____ Document Date: 1/10/18
 Number of Pages: _____ 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
 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) Wang, Cynthia		TELEPHONE (415) 389-6800
MAILING ADDRESS (Street) c/o 2350 Kerner Blvd., Ste. 250		FAX (415) 338-6874
		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)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O. Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

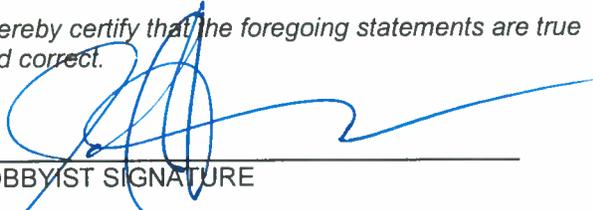
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Airbnb, Inc.		TELEPHONE (415) 389-6800
MAILING ADDRESS (No. and Street or P.O. Box) c/o 2350 Kerner Blvd., Ste. 250		FAX (415) 338-6874
		EMAIL airbnb@nmgovlaw.com
(City) San Rafael	(State) CA	(Zip Code)

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

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

PART VII LOBBYIST CERTIFICATION	
<i>I hereby certify that the foregoing statements are true and correct.</i>  _____ LOBBYIST SIGNATURE _____ DATE	Subscribed and sworn to before me This <u> </u> day of <u> </u> , <u> </u> . By: <u>See attached California Quest</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: _____

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 _____

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 Marin

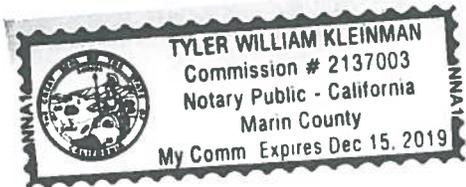
Subscribed and sworn to ~~(or affirmed)~~ before me
on this 1 day of June, 2018,
by Joel Clifford Ghosal Aurora
Date Month Year

(1) Joel Clifford Ghosal Aurora

(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 Tyler Kleinman
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: _____ Document Date: _____

Number of Pages: _____ Signer(s) Other Than Named Above: _____



HONOLULU ETHICS COMMISSION
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ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Webster, Nahelan		TELEPHONE (808) 524-4155
MAILING ADDRESS (Street) 1000 Bishop Street, Suite 503		FAX
		EMAIL nwebster@hiadvocates.com
(City) Honolulu	(State) HI	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) BT Consulting, Inc. dba Advocates		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box) 1000 Bishop Street, suite 503		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaiian Humane Society		TELEPHONE (808) 356-2200
MAILING ADDRESS (No. and Street or P.O Box) 2700 Waiialae Avenue		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96826

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

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

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

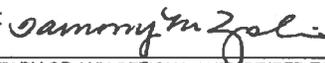
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

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

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

1. Bill enacted, ordinance 17-43	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 DECEMBER 28, 2017 DATE	Subscribed and sworn to before me This 28 th day of December, 2017. By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS TAMMY M. YOSHIMURA Notary Public, State of Hawaii My commission expires: 9-22-2020 L.S. Notary certificate on next page.
--	---

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

Notary Name: TAMMY M. YOSHIMURA First Circuit

Doc. Description: Annual Report
Lobbyist Annual Report

Tammy M Yoshimura 12/28/2017
Notary Signature Date

LS.



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

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

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ANNUAL REPORT

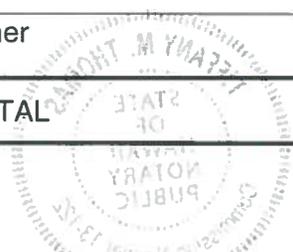
Lobbyist Annual Report
 (Type or Print Clearly)

'18 JAN -8 P 4 :24

PART I LOBBYIST		
NAME (Last) (First) (Middle) <i>Weisman, Donald R. B.</i>		TELEPHONE <i>808-377-6630</i>
MAILING ADDRESS (Street) <i>677 Ala Moana Blvd., Ste. 600</i>		FAX <i>808-524-0556</i>
		EMAIL <i>don.weisman@heart.org</i>
(City) <i>Honolulu</i>	(State) <i>HI</i>	(Zip Code) <i>96813</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>American Heart Association</i>		TELEPHONE <i>808-677-6630</i>
MAILING ADDRESS (No. and Street or P.O Box) <i>677 Ala Moana Blvd., Ste. 600</i>		FAX <i>808-524-0556</i>
		EMAIL
(City) <i>Honolulu</i>	(State) <i>HI</i>	(Zip Code) <i>96813</i>

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



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

Fees	Amount
Compensation	Amount XXXX \$ 220.00
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

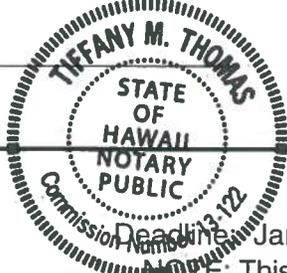
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input checked="" type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input checked="" type="checkbox"/> Specific Legislation: Bill No. <u>70</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. <i>Provided written testimony in support of Bill 70.</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><i>[Signature]</i></p> <p>LOBBYIST SIGNATURE</p> <p><u>1/3/17</u></p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>3rd</u> day of <u>January</u>, <u>2018</u>.</p> <p>By <i>[Signature]</i></p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>04-07-21</u></p>
---	---





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

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

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ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Wilson, Brooke		TELEPHONE 808-847-5761
MAILING ADDRESS (Street) 1311 Houghtailing St.		FAX
		EMAIL bwilson@hrcc-hawaii.com
(City) Honolulu	(State) HI	(Zip Code) 96817
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O. Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Regional Council of Carpenters		TELEPHONE 808-847-5761
MAILING ADDRESS (No. and Street or P.O. Box) 1311 Houghtailing St.		FAX
		EMAIL bwilson@hrcc-hawaii.com
(City) Honolulu	(State) HI	(Zip Code) 96817

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

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

Fees N/A	Amount 0
Compensation Salary	Amount Pro rata: \$2,700
Contributions N/A	Amount 0
Membership Fees N/A	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 checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

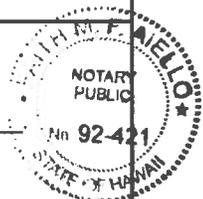
PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. Reso 16-172 - enacted	4. Bill ⁽¹⁷⁾ 3 - enacted
2. Bill 59 - ⁽¹⁷⁾ Still pending	5. Reso 16-255 - enacted
3. Bill 78 - ⁽¹⁷⁾ enacted	<input type="checkbox"/> Check here if additional sheets are attached

JP
02/13/18

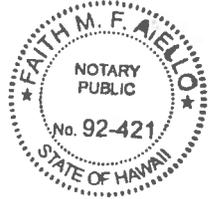
PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p style="text-align: center;"></p> <p>LOBBYIST SIGNATURE</p> <p>January ^{10th} 8, 2018</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: <u>Faith M. F. Aiello</u></p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS Faith M. F. Aiello <i>State of Hawaii, First Judicial Circuit</i></p> <p>My commission expires: <u>6/29/2020</u></p>
---	--



Notary certification attached

Document Date: 1/10/18 #Pages: 1
Name: Faith M. F. Aiello First Circuit
Doc. Description: Lobbyist Registration
Certification
Faith M. F. Aiello 1/10/18
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)

'18 JAN -3 P2:03

PART I LOBBYIST

NAME (Last) (First) (Middle) <i>Wong Arnold</i>		TELEPHONE <i>677-0375</i>
MAILING ADDRESS (Street) <i>94-497 Ukee St.</i>		FAX <i>671-6901</i>
(City) <i>Waipahu</i>	(State) <i>HI</i>	EMAIL <i>stab625@yahoo.com</i>
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		(Zip Code) <i>96797</i>
MAILING ADDRESS (No. and Street or P.O Box)		TELEPHONE
		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) <i>Ironworkers Stabilization Fund</i>		TELEPHONE <i>677-0375</i>
MAILING ADDRESS (No. and Street or P.O Box) <i>94-497 Ukee St.</i>		FAX <i>671-6901</i>
(City) <i>Waipahu</i>	(State) <i>HI</i>	EMAIL <i>stab625@yahoo.com</i>
		(Zip Code) <i>96797</i>

PART III EXPENDITURES, BY TYPE

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

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

Fees <u>0</u>	Amount <u>0</u>
Compensation	Amount <u>0</u>
Contributions	Amount <u>0</u>
Membership Fees	Amount <u>0</u>
<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 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.	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>12/29/17</u> DATE</p> <p><i>dated prior to signing signed 1/3/18 DW</i></p>	<p>Subscribed and sworn to before me</p> <p>This <u>3rd</u> day of <u>January</u>, <u>2018</u>.</p> <p>By: <u></u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>09/02/20</u> <i>see notary form attached</i></p>
---	---

STATE OF HAWAII

COUNTY OF HONOLULU

}
} SS.
}

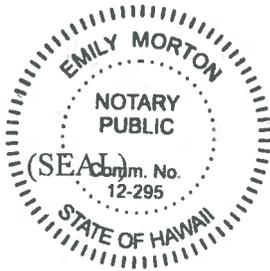
On this 3rd day of January 2018, before me personally appeared ARNOLD WONG, to me known to be the person described in and who executed the foregoing instrument and acknowledgment that he executed the same as his free act and deed.

Witness my hand and seal.

Emily Morton

EMILY MORTON

My Commission expires: 09/02/2020



Doc Date: 12/29/17 No. Pages: 2

Notary Name: EMILY MORTON Circuit

Doc Description: Annual Report: Lobbyist Annual Report

Emily Morton
Emily Morton

01/03/18
Date





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

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

Lobbyist Annual Report
 (Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) (First) (Middle) WONG, Kerstan J.		TELEPHONE 808-543-7059	
MAILING ADDRESS (Street) P. O. Box 2750		FAX 808-203-1492	EMAIL kerstan.wong@hawaiianelectric.com
(City) Honolulu	(State) HI	(Zip Code) 96840	
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE	
MAILING ADDRESS (No. and Street or P.O Box)		FAX	EMAIL
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaiian Electric Company, Inc. ✓		TELEPHONE	
MAILING ADDRESS (No. and Street or P.O Box) P. O. Box 2750		FAX	EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96840	

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

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 '18 JAN 10 P7:06

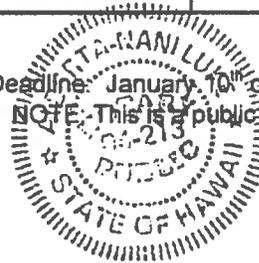
PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING	
Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a

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

PART VII LOBBYIST CERTIFICATION	
<i>I hereby certify that the foregoing statements are true and correct.</i>  LOBBYIST SIGNATURE 1/8/2019 DATE	Subscribed and sworn to before me This 8th day of January, 2018 By: <u>Alberta-Nani Luke</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS ALBERTA-NANI LUKE My commission expires: July 14, 2021

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

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






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

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

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ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) WOO, LORNA AKEMI		TELEPHONE 808 779 1024
MAILING ADDRESS (Street) 1127 20TH AVENUE		FAX
(City) HONOLULU (State) HI		EMAIL LORNAW31C@YAHOO.COM
(Zip Code) 96816		
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) IMPAT, DISTRICT COUNCIL 50		TELEPHONE 808 9410991
MAILING ADDRESS (No. and Street or P.O Box) 2240 YOUNG STREET		FAX
(City) HONOLULU (State) HI		EMAIL INFOCDL50.ORG
(Zip Code) 96826		

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) INTERNATIONAL UNION OF PAINTERS + ALLIED TRADES, DISTRICT COUNCIL 50		TELEPHONE 808 9410991
MAILING ADDRESS (No. and Street or P.O Box) 2240 YOUNG STREET		FAX
(City) HONOLULU (State) HI		EMAIL INFOCDCEO.ORG
(Zip Code) 96826		

PART III EXPENDITURES, BY TYPE					
Political Contributions	Amount	0	Receptions, Meals, Food & Beverages	Amount	0
Preparation & Distribution of Lobbying Materials	Amount	\$300.00	Media Advertising	Amount	0
Entertainment & Events	Amount	0	Other		
TOTAL		\$300.00			

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

Fees	Amount <u>0</u>
Compensation	Amount <u>\$6,000.00</u>
Contributions	Amount <u>0</u>
Membership Fees	Amount <u>0</u>
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

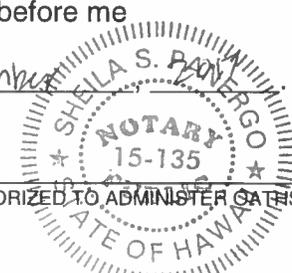
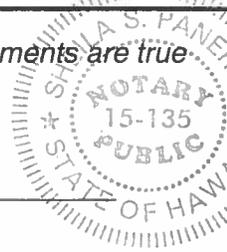
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/>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

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

1. <u>APPOINTEES TO HCDA BOARD MEMBERS (CONFIRMED)</u>	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

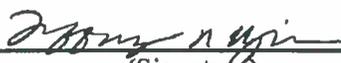
PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p style="font-size: 2em; font-family: cursive;"><u>Ima Akemi Wu</u></p> <p>LOBBYIST SIGNATURE</p> <p><u>12-28-2017</u></p> <p>DATE <u>gth</u></p>	<p>Subscribed and sworn to before me</p> <p>This <u>28</u> day of <u>December</u></p> <p>By: <u>[Signature]</u></p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>APR 05 2019</u></p>
---	---



Doc. Date: 12/28/17 # Pages: 1
 Name: Sheila S. Panergo (S) Circuit
 Doc. Description: Annual Report

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

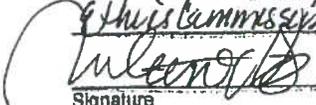
Name	Yajima	Tiffany	N.
(Print)	Last	First	Middle
Business Address	999 Bishop Street, #1400, Honolulu, HI 96813		Phone 808-539-0843
	(Street, City, State, Zip Code)		
Email Address:	tyajima@awlaw.com		
State name and address of organization you lobbied for.			
Wyndham Vacation Ownership 6277 Sea Harbor Drive Orlando, FL 32821			
State total amount received as a lobbyist representing contributions, membership fees and other receipts related to lobbying activities.			
\$200 \$0 to 01/10/14			
State total amount expended for lobbying by lobbyist.			
\$0			
List results of the legislation you sought to influence.			
Real Property Tax Measure- Passed			
Other information.			
None			
I hereby certify that the foregoing statements are true and correct.		Subscribed and sworn to before me	
 _____ (Signature)		This <u>8th</u> day of <u>December</u> , 20 <u>17</u>	
		By <u>Uilani R. Souza</u>	
		Notary or any official authorized to administer oaths	
		My commission expires: <u>March 24, 2020</u>	

HONOLULU ETHICS COMMISSION RECEIVED
 04-6-18
 18 JAN 10 P7:02



DUE DATE OF THIS REPORT IS JANUARY 10 OF EACH YEAR Doc. Date: **DEC 08 2017**

(See back of this form for information.) Name: Uilani R. Souza First Circuit
 PLEASE RETAIN A COPY FOR YOUR RECORDS Description: City and County of Honolulu Ethics Commission Lobbyist Annual Report Form


 Signature Date **DEC 08 2017**
 Rev. 9/2016 NOTARY CERTIFICATION



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

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

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 ETHICS COMMISSION
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31.12.18

ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

'18 JAN 11 P 1:10

PART I LOBBYIST			
NAME (Last) (First) (Middle) Yamaki, Tina M.		TELEPHONE (808) 692-4200	
MAILING ADDRESS (Street) 3610 Wai'alae Ave		FAX N/A	
(City) Honolulu		(State) Hawaii	
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) Retail Merchants of Hawaii		TELEPHONE (808) 592-4200	
MAILING ADDRESS (No. and Street or P.O Box) 3610 Wai'alae Ave		FAX N/A	
(City) Honolulu		(State) Hawaii	
		EMAIL tyamaki@mhawaii.org (Zip Code) 96816	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Retail Merchants of Hawaii		TELEPHONE (808) 592-4200	
MAILING ADDRESS (No. and Street or P.O Box) 3610 Wai'alae Ave		FAX n/a	
(City) Honolulu		(State) Hawaii	
		EMAIL tyamaki@mhawaii.org (Zip Code) 96816	

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

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

Fees	Amount 0
Compensation	Amount \$4,600
Contributions	Amount 0
Membership Fees	Amount 0
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input 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 69 (2016) ordinance 17-37	4. Bill 80 (2017) committee
2. Bill 71 (2017) referred	5. Bill 108 (2017) in committee
3. Bill 73 (2017) referred	<input checked="" type="checkbox"/> Check here if additional sheets are attached

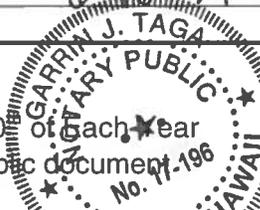
PART VII LOBBYIST CERTIFICATION

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

[Signature]
 LOBBYIST SIGNATURE
 DATE 1/5/2018

Subscribed and sworn to before me
 This 5 day of January, 2018.
 By: *[Signature]*
 NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS
 Garrin J. Taga
 My commission expires: 10-18-21

NOTARY PUBLIC CERTIFICATION
 Garrin J. Taga
 Doc. Description: Annual Report
 No. of Pages: 2 Date of Doc. 1/5/18





Honolulu Ethics Commission Annual Report Part VI Policy Making Process Decisions You Sought to Influence and Outcome Con't:

- Bill 13 (2017) – Ordinance 17-15
- Reso 17-70 - Adopted



HONOLULU ETHICS COMMISSION
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ANNUAL REPORT

Lobbyist Annual Report
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PART I LOBBYIST		
NAME (Last) (First) (Middle) Yamane, Marc K.M.		TELEPHONE 808-536-8653
MAILING ADDRESS (Street) 707 Alakea St., Suite 215		FAX 808-537-3779
		EMAIL iuecl26@hawaiiantel.net
(City) Honolulu	(State) HI	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) International Union Of Elevator Constructor, Local 126 ✓		TELEPHONE 808-536-8653
MAILING ADDRESS (No. and Street or P.O Box) 707 Alakea St., Suite 215		FAX 808-537-3779
		EMAIL iuecl26@hawaiiantel.net
(City) Honolulu	(State) HI	(Zip Code) 96813

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

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

Fees	Amount \$.00
Compensation	Amount \$.00
Contributions	Amount \$.00
Membership Fees	Amount \$.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 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 style="text-align: center;"><i>Marc K. M. Yemane</i></p> <p>LOBBYIST SIGNATURE</p> <p style="text-align: center;"><i>1/23/18</i></p> <p>DATE</p>	<p style="text-align: right;"><i>Please see attached Hawaii Tarot N.P.</i></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>
--	--

HAWAII JURAT WITH AFFIANT STATEMENT

State of Hawaii

County of Honolulu

} ss.

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

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

Signature of Signer No. 1

Signature of Signer No. 2 (if any)

This 3 page Lobbyist Annual Report,
No. of Pages Description of Document

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

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

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

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

(and

_____)
Name of Signer No. 2, if any

[Signature] 1/23/18
Signature of Notary Date

Todd Hirashima

Printed Name of Notary

Place Notary Seal or Stamp Above

My commission expires: OCT 08 2021



Notarized Public Act No. 12

1998

Notarized Public Act No. 12
1998

1998

Todd Hirschman

OCT 8 2001





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

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ANNUAL REPORT

Lobbyist Annual Report
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PART I LOBBYIST		
NAME (Last) (First) (Middle) Yamasaki, Ross		TELEPHONE (808) 531-4551
MAILING ADDRESS (Street) 222 South Vineyard Street, Suite 401		FAX (808) 533-4601
		EMAIL ryamasaki808@gmail.com
(City) Honolulu	(State) HI	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) Capitol Consultants of Hawaii, LLP		TELEPHONE (808) 531-4551
MAILING ADDRESS (No. and Street or P.O Box) 222 South Vineyard Street, Suite 401		FAX (808) 531-4551
		EMAIL ryamasaki808@gmail.com
(City) Honolulu	(State) HI	(Zip Code) 96813

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

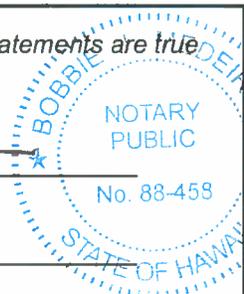
PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
TOTAL -NA-			

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

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

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

PART VII LOBBYIST CERTIFICATION	
<p>I hereby certify that the foregoing statements are true and correct.</p> <p><u>[Signature]</u> LOBBYIST SIGNATURE</p> <p><u>4/10/18</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>[Signature]</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>5/14/2020</u></p>



NOTARY CERTIFICATION ON BACK OF THIS PAGE

U.S. DISTRICT COURT
DISTRICT OF HAWAII

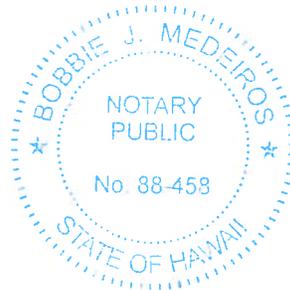
Case No. 1:10-cv-00001

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

Notary Name: Bobbie J. Medeiros First Circuit

Doc. Description: Moral Report

[Signature] 1/10/18
Notary Signature Date





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

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

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ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Yamasaki, Ross		TELEPHONE (808) 531-4551
MAILING ADDRESS (Street) 222 South Vineyard Street, Suite 401		FAX (808) 533-4601
		EMAIL ryamasaki808@gmail.com
(City) Honolulu	(State) HI	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) Capitol Consultants of Hawaii, LLP		TELEPHONE (808) 531-4551
MAILING ADDRESS (No. and Street or P.O Box) 222 South Vineyard Street, Suite 401		FAX (808) 531-4551
		EMAIL ryamasaki808@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

<p>I hereby certify that the foregoing statements are true and correct.</p> <p></p> <p>LOBBYIST SIGNATURE</p> <p>DATE <u>1/10/18</u></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>8/4/2020</u></p>
---	--

NOTARY CERTIFICATION ON BACK OF THIS PAGE
 Deadline: January 10th of Each Year
 NOTE: This is a public document

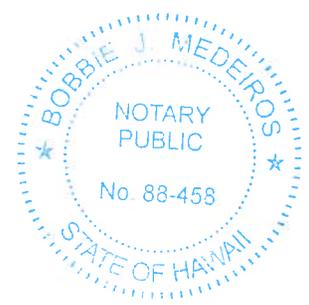
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notary public

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

Notary Name: Bobbie J. Medeiros First Circuit

Doc. Description: Annual Report

[Signature] 1/10/18
Notary Signature Date





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

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

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ANNUAL REPORT

Lobbyist Annual Report
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PART I LOBBYIST		
NAME (Last) (First) (Middle) Yamasaki, Ross, I		TELEPHONE (808) 531-4551
MAILING ADDRESS (Street) 222 South Vineyard Street, Suite 401		FAX (808) 533-4601
(City) Honolulu	(State) HI	EMAIL ross.yamasaki@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		FAX (808) 533-4601
(State) HI		EMAIL ross.yamasaki@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

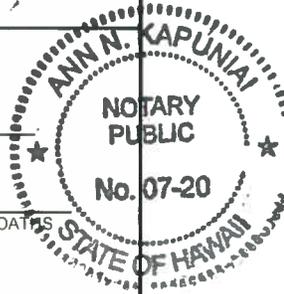
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/>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

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 3/19/18 DATE	Subscribed and sworn to before me This <u>19</u> day of <u>MARCH</u> , 2018 By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: _____ ANN N. KAPUNIAI NOTARY PUBLIC, FIRST JUDICIAL CIRCUIT STATE OF HAWAII COMMISSION EXPIRE 01/14/2019
--	--

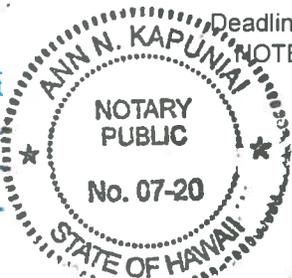


Rev. 12/2017

Deadline: January 10th of Each Year

NOTE: This is a public document

Doc. Date: 3-19-18 # Pages 2
 Notary Name: Ann N. Kapunia First Circuit
 Doc. Description: ANNUAL REPORT



 03/19/18
 Date



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

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ANNUAL REPORT

Lobbyist Annual Report
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PART I LOBBYIST		
NAME (Last) (First) (Middle) Yamasaki, Ross		TELEPHONE (808) 531-4551
MAILING ADDRESS (Street) 222 South Vineyard Street, Suite 401		FAX (808) 533-4601
		EMAIL ryamasaki808@gmail.com
(City) Honolulu	(State) HI	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) Capitol Consultants of Hawaii, LLP		TELEPHONE (808) 531-4551
MAILING ADDRESS (No. and Street or P.O. Box) 222 South Vineyard Street, Suite 401		FAX (808) 531-4551
		EMAIL ryamasaki808@gmail.com
(City) Honolulu	(State) HI	(Zip Code) 96813

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

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

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

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

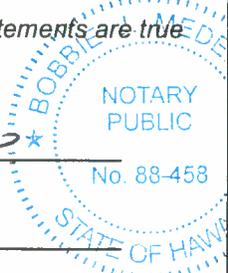
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

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

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

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

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 1/10/18 DATE	 Subscribed and sworn to before me This <u>10th</u> day of <u>January</u> , <u>2018</u> By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>01/12/2020</u>
--	---

NOTARY CERTIFICATION ON BACK OF THIS PAGE



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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'18 JAN 16 P2:49

ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Yamasaki, Ross		TELEPHONE (808) 531-4551
MAILING ADDRESS (Street) 222 South Vineyard Street, Suite 401		FAX (808) 533-4601
		EMAIL ryamasaki808@gmail.com
(City) Honolulu	(State) HI	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) Capitol Consultants of Hawaii, LLP		TELEPHONE (808) 531-4551
MAILING ADDRESS (No. and Street or P.O. Box) 222 South Vineyard Street, Suite 401		FAX (808) 531-4551
		EMAIL ryamasaki808@gmail.com
(City) Honolulu	(State) HI	(Zip Code) 96813

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

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

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

Fees	Amount
Compensation	Amount \$3,821.75
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

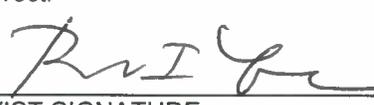
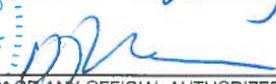
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

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

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

1. Bill 17-58 Passed second reading	4.
2. Bill 17-59 Passed second reading	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 1/10/18 DATE	Subscribed and sworn to before me This <u>10th</u> day of <u>January</u> , <u>2018</u> By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>8/14/2020</u>
--	--



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

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

THIS SPACE FOR OFFICE USE ONLY

2-13-18

HONOLULU
 ETHICS COMMISSION
 RECEIVED

ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

'18 JAN 10 P7:04

PART I LOBBYIST

NAME (Last) (First) (Middle) Yamauchi, Jessica, PB		TELEPHONE (808) 591-6508
MAILING ADDRESS (Street) 850 Richards St., Suite 201		FAX none
		EMAIL jessica@hiphi.org
(City) Honolulu	(State) HI	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
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 (808) 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 \$30.00	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL	

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

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a JP 02/13/18

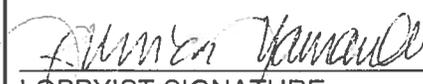
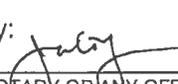
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

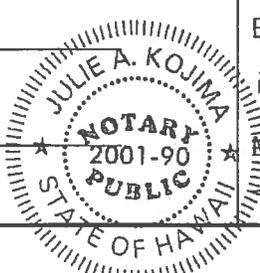
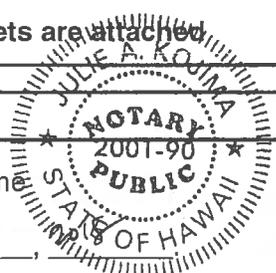
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/>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

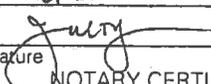
PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. Bill 70, passed	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 January 9, 2018 DATE	Subscribed and sworn to before me This 9th day of January, 2018 By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS Julie A. Kojima My commission expires: 04/01/2021
---	---



Doc Date: JAN 09 2018 # Pages: 2
 Name: Julie A. Kojima First Circuit
 Doc. Description: LOBBYIST ANNUAL REPORT
 Signature:  Date: JAN 09 2018
 NOTARY CERTIFICATION

CITY AND COUNTY OF HONOLULU
ETHICS COMMISSION
LOBBYIST ANNUAL REPORT FORM

HONOLULU
ETHICS COMMISSION
RECEIVED

Name Yosemori JoAnn 17 NOV 16 P 1:52
(Print) Last First Middle

Business Address 1177 Bishop Street, Honolulu, HI 96813 Phone 808-546-3868
(Street, City, State, Zip Code)

Email Address: joann.yosemori@hawaiiantel.com

State name and address of organization you lobbied for.
Hawaiian Telcom, Inc. ✓
1177 Bishop Street, Honolulu, HI 96813

State total amount received as a lobbyist representing contributions, membership fees and other receipts related to lobbying activities.
n/a full-time employee of Hawaiian Telcom.

State total amount expended for lobbying by lobbyist.
0

List results of the legislation you sought to influence.
resolution passed.

Other information.

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

[Signature]
(Signature)

Subscribed and sworn to before me
This 1st day of November, 2017.
By Gwendolyn A. Massiah
Notary or any official authorized to administer oaths
GWENDOLYN A. MASSIAH
My commission expires: FEB. 22, 2020
NOTARY CERTIFICATION ON REVERSE SIDE



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

INFORMATION ON THE ANNUAL REPORT FORM

Filing Date. Each lobbyist must file with the Honolulu Ethics Commission an annual report for the preceding calendar year ending December 31. The report is due January 10 of each year, or if the date falls on a Saturday or holiday, the next business day.

Name of Lobbyist will be an individual's name, i.e., the name used on the original registration form.

Business Address of Lobbyist to include your telephone number and the name and address of your firm and telephone number.

Name and Address of Organization Lobbied For. This is the same organization you identified on your registration form.

Contribution Received. State the total amount you received directly or indirectly for lobbying. If you work for a service type of organization (such as an architectural firm) that receives a fixed fee from an organization, the amount received that can be directly attributed to legislative activities related to the organization should be included as part of the total amount. If your representation is indirectly related to the performance of your job, the dollar amount of the compensation you received based on the time spent directly in representation or influencing legislation should be included as a part of the total amount.

Expenditures. State the total amount of all expenditures that you have made in conjunction with your lobbying activities for the above organization. Example: Stationery costs, travel expenses, remunerations, political contributions and any other type of expenditures relating to the defeat or enactment of legislation.

Results of Representation. State results of the legislation you sought to influence. Example: Subject matter and whether an ordinance was enacted or a resolution was adopted.

Other Information to include any comments that you wish to become a part of your permanent file.

Each report form must be signed and certified under oath as true and correct by the lobbyist.

Legal Citation:

The legal citation for lobbyist registration is found in Chapter 3, Article 13, of the Revised Ordinances of Honolulu (ROH).

Penalties:

Except as otherwise provided in Ordinance No. 05-033, violation of any provisions of this article shall be grounds for suspension or revocation of the certificate of registration for a period of up to one year following hearing on the violation by the city council or its duly authorized committee.

Doc. Date: No Date # Pages: 2

Name: Gwendolyn A. Masiah 1st Circuit

Doc. Description: CTC of HNL Ethics

Commission Lobbyist Annual Report - HTI

Gwendolyn A. Masiah 11/1/17
Signature Date

NOTARY CERTIFICATION



CITY AND COUNTY OF HONOLULU
ETHICS COMMISSION
LOBBYIST ANNUAL REPORT FORM

HONOLULU
ETHICS COMMISSION
RECEIVED

Name	<u>Yosemori</u>	<u>JoAnn</u>	<u>17 NOV 16 P 1:52</u>
	(Print)	Last	First Middle
Business Address	<u>1177 Bishop Street, Honolulu, HI 96813</u>		Phone <u>808-546-3868</u>
	(Street, City, State, Zip Code)		
Email Address:	<u>joann.yosemori@hawaiiantel.com</u>		
State name and address of organization you lobbied for.			
Hawaiian Telcom Services Company, Inc. 1177 Bishop Street, Honolulu, HI 96813			
State total amount received as a lobbyist representing contributions, membership fees and other receipts related to lobbying activities.			
0			
State total amount expended for lobbying by lobbyist.			
0			
List results of the legislation you sought to influence.			
0			
Other information.			
I hereby certify that the foregoing statements are true and correct.		Subscribed and sworn to before me This <u>1st</u> day of <u>November</u> , 20 <u>17</u> .	
 _____ (Signature)		By <u>Gwendolyn A. Massiah</u> Notary or any official authorized to administer oaths GWENDOLYN A. MASSIAH My commission expires: FEB. 22, 2020	
		NOTARY CERTIFICATION ON REVERSE SIDE	



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

9/11/16/17

INFORMATION ON THE ANNUAL REPORT FORM

Filing Date. Each lobbyist must file with the Honolulu Ethics Commission an annual report for the preceding calendar year ending December 31. The report is due January 10 of each year, or if the date falls on a Saturday or holiday, the next business day.

Name of Lobbyist will be an individual's name, i.e., the name used on the original registration form.

Business Address of Lobbyist to include your telephone number and the name and address of your firm and telephone number.

Name and Address of Organization Lobbied For. This is the same organization you identified on your registration form.

Contribution Received. State the total amount you received directly or indirectly for lobbying. If you work for a service type of organization (such as an architectural firm) that receives a fixed fee from an organization, the amount received that can be directly attributed to legislative activities related to the organization should be included as part of the total amount. If your representation is indirectly related to the performance of your job, the dollar amount of the compensation you received based on the time spent directly in representation or influencing legislation should be included as a part of the total amount.

Expenditures. State the total amount of all expenditures that you have made in conjunction with your lobbying activities for the above organization. Example: Stationery costs, travel expenses, remunerations, political contributions and any other type of expenditures relating to the defeat or enactment of legislation.

Results of Representation. State results of the legislation you sought to influence. Example: Subject matter and whether an ordinance was enacted or a resolution was adopted.

Other Information to include any comments that you wish to become a part of your permanent file.

Each report form must be signed and certified under oath as true and correct by the lobbyist.

Legal Citation:

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Doc. Date: No Date # Pages: 2

Name: Gwendolyn A. Hassid 1st Circuit

Doc. Description: CTC of HNL Ethics

Commission Lobbyist Annual Report - HTEC

Gwendolyn A. Hassid 11/1/17
Signature Date

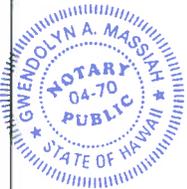
NOTARY CERTIFICATION



CITY AND COUNTY OF HONOLULU
ETHICS COMMISSION
LOBBYIST ANNUAL REPORT FORM

HONOLULU
ETHICS COMMISSION
RECEIVED

Name	Yosemori	JoAnn	'17 NOV 16 P1:52
(Print)	Last	First	Middle
Business Address	1177 Bishop Street, Honolulu, HI 96813		Phone 808-546-3868
	(Street, City, State, Zip Code)		
Email Address:	joann.yosemori@hawaiiantel.com		
State name and address of organization you lobbied for.			
Hawaiian Telcom Communications, Inc. ✓ 1177 Bishop Street, Honolulu, HI 96813			
State total amount received as a lobbyist representing contributions, membership fees and other receipts related to lobbying activities.			
0			
State total amount expended for lobbying by lobbyist.			
0			
List results of the legislation you sought to influence.			
0			
Other information.			
I hereby certify that the foregoing statements are true and correct.		Subscribed and sworn to before me This <u>1st</u> day of <u>November</u> , 20 <u>17</u> .	
		By <u>Gwendolyn A. Massiah</u> Notary or any official authorized to administer oaths	
(Signature)		GWENDOLYN A. MASSIAH My commission expires: <u>FEB. 22, 2020</u>	
NOTARY CERTIFICATION ON REVERSE SIDE			



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

INFORMATION ON THE ANNUAL REPORT FORM

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Name and Address of Organization Lobbied For. This is the same organization you identified on your registration form.

Contribution Received. State the total amount you received directly or indirectly for lobbying. If you work for a service type of organization (such as an architectural firm) that receives a fixed fee from an organization, the amount received that can be directly attributed to legislative activities related to the organization should be included as part of the total amount. If your representation is indirectly related to the performance of your job, the dollar amount of the compensation you received based on the time spent directly in representation or influencing legislation should be included as a part of the total amount.

Expenditures. State the total amount of all expenditures that you have made in conjunction with your lobbying activities for the above organization. Example: Stationery costs, travel expenses, remunerations, political contributions and any other type of expenditures relating to the defeat or enactment of legislation.

Results of Representation. State results of the legislation you sought to influence. Example: Subject matter and whether an ordinance was enacted or a resolution was adopted.

Other Information to include any comments that you wish to become a part of your permanent file.

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Legal Citation:

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Penalties:

Except as otherwise provided in Ordinance No. 05-033, violation of any provisions of this article shall be grounds for suspension or revocation of the certificate of registration for a period of up to one year following hearing on the violation by the city council or its duly authorized committee.

Doc. Date: No Date # Pages: 2

Name: Gwendolyn A. Massiah 1st Circuit

Doc. Description: CTC of HNL Ethics
Commission Lobbyist Annual Report Form - HEC I

Gwendolyn A. Massiah 11/1/17
Signature Date

NOTARY CERTIFICATION





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

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

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 ETHICS COMMISSION
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 '18 JAN 10 P7:14

ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

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

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

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

'18 MAR 28 P1:05
 HONOLULU
 ETHICS COMMISSION
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03-28-18

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

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

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

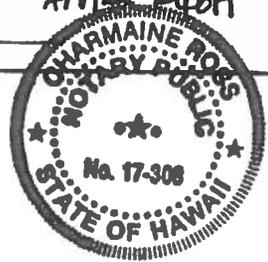
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input checked="" type="checkbox"/> Specific Legislation: Bill No. <u>15, 58, 59</u> (Year) <u>2017</u> <i>Ky 3/22/18</i> Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

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

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

PART VII LOBBYIST CERTIFICATION

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





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

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

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 ETHICS COMMISSION
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 01.12.18
 '18 JAN 10 P7:14

ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

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

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

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

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

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

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

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

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

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

PART VII LOBBYIST CERTIFICATION

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





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

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

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'18 JAN 10 P7:14

ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

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

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

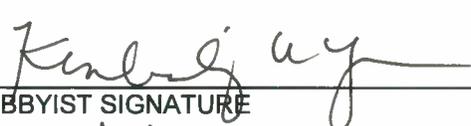
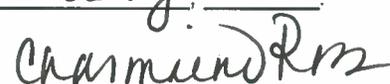
PART III EXPENDITURES, BY TYPE <i>3/22/18</i>			
Political Contributions <i>see https://data.hawaii.gov/</i>	Amount <i>N/A by apps/campaigns pending</i>	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount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

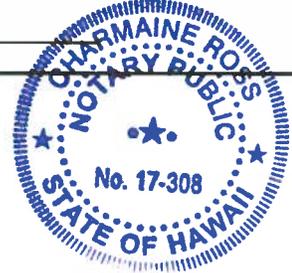
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PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING	
Fees	Amount \$7,000.00
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME	
1. Passage of Resolution 17-221, adopted 9/06/17	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

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





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

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

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ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

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

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

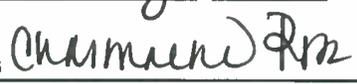
PART III EXPENDITURES, BY TYPE			
Political Contributions <small>see https://data.hawaii.gov/</small>	Amount <i>NIA Ky 3/22/18</i> <small>apps/campaignspending</small>	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment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

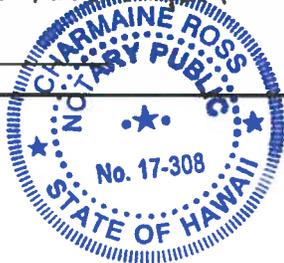
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PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING	
Fees	Amount \$400.00
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME	
1. Bill 62 approved by Mayor on 9/11/17	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

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





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

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

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

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PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING	
Fees	Amount \$6,000.00
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME	
1. Passage of House Bill 625, measure deferred	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

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





HONOLULU ETHICS COMMISSION
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ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

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

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) HAWAII FOOD INDUSTRY ASSOCIATION		TELEPHONE
MAILING ADDRESS (No. and Street or P.O. Box) 1050 BISHOP ST., PMB 235		FAX
		EMAIL info@hawaiifood.com
(City) HONOLULU	(State) HAWAII	(Zip Code) 96813

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 500	Receptions, Meals, Food & Beverages	Amount 0
Preparation & Distribution of Lobbying Materials	Amount 0	Media Advertising	Amount 0
Entertainment & Events	Amount 0	Other	
		TOTAL	500

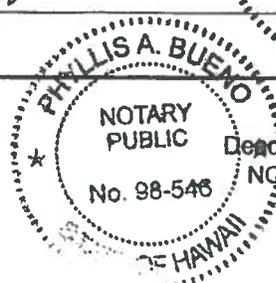
PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING	
Fees	Amount
Compensation	Amount \$3000.00
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED		
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input 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. BILL 59 - FEE ON BAGS - SUPPORT (117)	4. BILL 108 - LITTER REDUCTION - SUPPORT (117)
2. BILL 71 - CONTAINER BAN - OPPOSE (47)	5.
3. BILL 9 - FOOD WASTE MANDATE - OPPOSE/ COMMENT (117)	<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. <i>Laura Zirk</i> LOBBYIST SIGNATURE 1-8-18 DATE	Subscribed and sworn to before me This <u>5th</u> day of <u>January</u> , 2018. By: <i>Phyllis A. Bueno</i> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>10-25-18</u>

Rev. 12/2017



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

Doc. Date: 1-8-18 # Pages 2
 Notary Name: Phyllis A. Bueno First Circle
 Doc. Description: annual report
Phyllis A. Bueno 1-8-18
 Notary Signature Date

2/8