



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

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

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
 ETHICS COMMISSION
 RECEIVED

31-14-19

'19 JAN 10 P 4:59

2018 ANNUAL REPORT

Lobbyist Annual Report
 (January 1 – December 31, 2018)
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Hannemann, Muliufi F.		
LOBBYIST FIRM/EMPLOYER (if applicable) Hawaii Lodging & Tourism Association		TELEPHONE 808-923-0407
MAILING ADDRESS (No. and Street or P.O. Box) 2270 Kalakaua Ave. Suite 1702		FAX
		EMAIL mhannemann@hawaiilodging.org
(City) Honolulu	(State) HI	(Zip Code) 96815

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

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount \$180	Other <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL \$180	

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

Fees	Amount
Compensation	Amount Constitutes 10% of Salary: est. \$18,000
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a

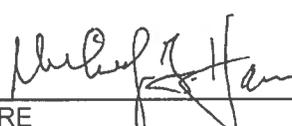
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

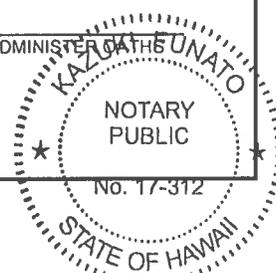
<input checked="" type="checkbox"/> Business & Economic Development	<input checked="" type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. Bill 6 (2018)	Outcome: Mayor veto Filed 1/3/19	4. Bill 37 (2018)	Outcome: in legislative process
2. Bill 11 (2018)	Outcome: Deferred Deferred in committee	5. Resolution 18-156	Outcome: Adopted 9/12/18
3. Resolution 18-139	Outcome: Adopted 7/11/18	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

<p>I hereby certify that the foregoing statements are true and correct.</p> <p>Muliufi F. Hannemann </p> <p>LOBBYIST SIGNATURE</p> <p>1/10/2019 DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>10th</u> day of <u>January</u>, <u>2019</u>.</p> <p>By: </p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>07/25/2021</u></p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



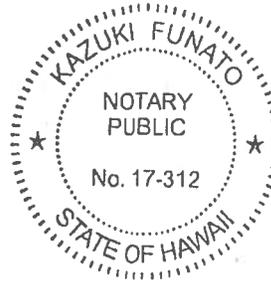
UNDATED AT THE
Doc. Date: TIME OF NOTARY # Pages 3

Notary Name: Kazuki Funato First Circuit

Doc. Description 2018 Annual Report

Lobbyist Annual Report

[Signature] 01/10/2019
Notary Signature Date



Honolulu City Council – Ethics Report Year 2018

Additional Sheet: Part IV Policy Making Process Decisions You Sought To Influence and Outcome

Measure & Outcome

Bill 51 (2018): ORDINANCE 18-34 ENACTED ON 10/11/18

Bill 52 (2018): ORDINANCE 18-35 ENACTED ON 10/11/18

Bill 42 CD1 (2017): ORDINANCE 18-39 ENACTED ON 11/01/18

Bill 42 (2017), Reso 18-127, Reso 18-132, Reso 18-237, Reso 18-239 (all under one testimony): ADOPTED 10/30/18

Bill 89 (2018): In legislative process

Resolution 18-265: ADOPTED 12/05/18

FILE NO. 2018/SDD-40, PD-A for the Redevelopment of OM Kūhiō at Waikīkī (Līlia Waikīkī) (Letter of Support)



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

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

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
 ETHICS COMMISSION
 RECEIVED

01.14.19

'19 JAN 10 P 4:59

2018 ANNUAL REPORT

Lobbyist Annual Report
 (January 1 – December 31, 2018)
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Higashi, Jared S.		
LOBBYIST FIRM/EMPLOYER (if applicable) Hawaii Lodging & Tourism Association		TELEPHONE 808-923-0407
MAILING ADDRESS (No. and Street or P.O. Box) 2270 Kalakaua Ave. Suite 1702		FAX
		EMAIL jhigashi@hawaiilodging.org
(City) Honolulu	(State) HI	(Zip Code) 96815

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

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL 0	

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

Fees	Amount
Compensation	Amount Constitutes 10% of Salary: est. \$6,000
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a

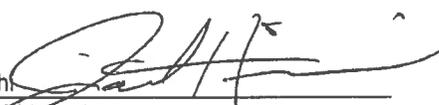
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

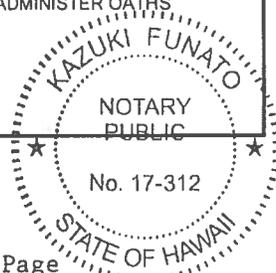
<input checked="" type="checkbox"/> Business & Economic Development	<input checked="" type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. Bill 6 (2018)	Outcome: Mayor veto Filed 1/3/19	4. Bill 37 (2018)	Outcome: in legislative process
2. Bill 11 (2018)	Outcome: Referred in Committee	5. Resolution 18-156	Outcome: Adopted 4/12/18
3. Resolution 18-139	Outcome: Adopted 7/11/18	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

<p>I hereby certify that the foregoing statements are true and correct.</p> <p>Jared S. Higashi  LOBBYIST SIGNATURE</p> <p>1/10/2019 DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>10th</u> day of <u>January</u>, 2019.</p> <p>By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>07/25/2021</u></p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



UNDATED AT THE
TIME OF NOTARY

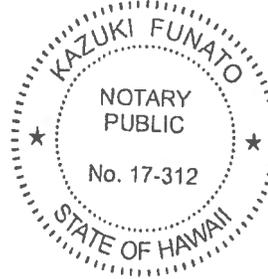
Doc. Date: _____ # Pages 3

Notary Name: Kazuki Funato First Circuit

Doc. Description 2018 Annual Report

Lobbyist Annual Report

[Signature] 01/10/2019
Notary Signature Date



Honolulu City Council – Ethics Report Year 2018

Additional Sheet: Part IV Policy Making Process Decisions You Sought To Influence and Outcome

Measure & Outcome

Bill 51 (2018): ORDINANCE 18-34 ENACTED ON 10/11/18

Bill 52 (2018): ORDINANCE 18-35 ENACTED ON 10/11/18

Bill 42 CD1 (2017): ORDINANCE 18-39 ENACTED ON 11/01/18

Bill 42 (2017), Reso 18-127, Reso 18-132, Reso 18-237, Reso 18-239 (all under one testimony): ADOPTED 10/30/18

Bill 89 (2018): In legislative process

Resolution 18-265: ADOPTED 12/05/18

FILE NO. 2018/SDD-40, PD-A for the Redevelopment of OM Kūhiō at Waikīkī (Līlia Waikīkī) (Letter of Support)



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

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

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
 ETHICS COMMISSION
 RECEIVED

01-14-19

'19 JAN -9 A9:42

2018 ANNUAL REPORT

Lobbyist Annual Report
 (January 1 – December 31, 2018)
 (Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) (First) (Middle) Hong, Lea			
LOBBYIST FIRM/EMPLOYER (if applicable) The Trust for Public Land		TELEPHONE 808-524-8563	
MAILING ADDRESS (No. and Street or P.O. Box) 1003 Bishop Street Pauahi Tower, Suite 740		FAX 808-524-8565	
		EMAIL lea.hong@tpl.org	
(City) Honolulu	(State) Hawaii	(Zip Code) 96813	

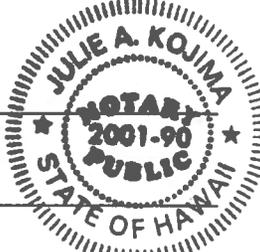
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) The Trust for Public Land		TELEPHONE 808-524-8560	
MAILING ADDRESS (No. and Street or P.O. Box) 1003 Bishop Street Pauahi Tower, Suite 740		FAX 808-524-8565	
		EMAIL lea.hong@tpl.org	
(City) Honolulu	(State) Hawaii	(Zip Code)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

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0	Receptions, Meals, Food & Beverages	Amount 0
Preparation & Distribution of Lobbying Materials	Amount 3.00	Media Advertising	Amount 0
Entertainment & Events	Amount 0	Other <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL 3.00	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING	
Fees	Amount N/A
Compensation	Amount \$312.50
Contributions	Amount N/A
Membership Fees	Amount N/A
<input type="checkbox"/> Check here if additional sheets 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 checked="" 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 checked="" type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. <u>18-221CD1</u> Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)			
1. Reso 18-221CD1	Outcome: Passed	4.	Outcome:
2. Lei of Parks Family Day	Outcome: Support from affected council	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION	
<i>I hereby certify that the foregoing statements are true and correct.</i>  LOBBYIST SIGNATURE: <u>Rea Hong</u> DATE: <u>1/8/2019</u>	Subscribed and sworn to before me This <u>8th</u> day of <u>JANUARY</u> 2019 By: <u>Julie A. Kojima</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>APR 01 2021</u> Doc. Date: <u>JAN 08 2019</u> # Pages: <u>2</u> Notary Name: <u>Julie A. Kojima</u> (s) Circu Doc. Description: <u>2018 ANNUAL REPORT</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

HONOLULU
 ETHICS COMMISSION
 RECEIVED

2018-19
 '19 FEB 15 P 3:15

2018 ANNUAL REPORT

Lobbyist Annual Report
 (January 1 – December 31, 2018)
 (Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) (First) (Middle) Hudson, Jennifer			
LOBBYIST FIRM/EMPLOYER (if applicable) N/A		TELEPHONE 503-708-9714	
MAILING ADDRESS (No. and Street or P.O. Box) 91-056 Hanua Street		FAX	
		EMAIL jhudson@schn.com	
(City) Kapolei	(State) HI	(Zip Code) 96707	

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

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL 0	

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

Fees	Amount
Compensation	Amount 1200
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

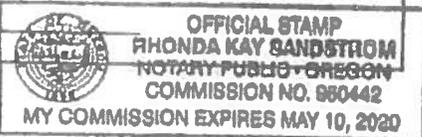
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input 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: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (Indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. N/A	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 1-28-19 DATE	Subscribed and sworn to before me This 28 day of January, 2019. By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: 5/10/20
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------





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

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

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
 ETHICS COMMISSION
 RECEIVED

92-11-19
 '19 JAN 10 P3:18

2018 ANNUAL REPORT

Lobbyist Annual Report
 (January 1 – December 31, 2018)
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Iosua, Michael L.		
LOBBYIST FIRM/EMPLOYER (if applicable) Imanaka Asato, LLLC		TELEPHONE 521-9500
MAILING ADDRESS (No. and Street or P.O Box) Topa Financial Center Fort Street Tower 745 Fort Street Mall, 17th Floor		FAX 541-9050
		EMAIL miosua@imanaka-asato.com
(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	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL none	

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

Fees	Amount
Compensation	Amount \$6,000.00
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets 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: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. small cell deployment mtgs.	Outcome: pending, ongoing	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 1/8/2019 DATE	Subscribed and sworn to before me This <u>8th</u> day of <u>January</u> , 2019. By: <u>Charmaine Ross</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: July 25, 2021
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------





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

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

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
 ETHICS COMMISSION
 RECEIVED

82-11-19

'19 JAN 10 P5:13

2018 ANNUAL REPORT

Lobbyist Annual Report
 (January 1 – December 31, 2018)
 (Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) (First) (Middle) Isaacs, Jonathan			
LOBBYIST FIRM/EMPLOYER (if applicable) Uber Technologies, Inc. and Affiliates		TELEPHONE 202-794-7387	
MAILING ADDRESS (No. and Street or P.O. Box) 1455 Market Street, 4th Floor		FAX	
		EMAIL jisaacs@uber.com	
(City) San Francisco	(State) CA	(Zip Code) 94103	

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

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 <input type="checkbox"/> Additional Sheet(s) Attached	
TOTAL \$0			

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

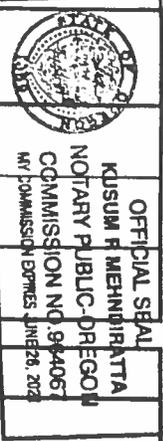
Fees	Amount 0
Compensation	Amount \$8748.46
Contributions	Amount 0
Membership Fees	Amount 0
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a

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: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. Transportation Network Cor	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	



PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p> LOBBYIST SIGNATURE</p> <p><u>1/10/19</u> DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>10th</u> day of <u>January</u>, <u>2019</u>.</p> <p>By: <u>Kusum Mahadevi</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>June 26 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/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
 ETHICS COMMISSION
 RECEIVED

11-29-18

NOV 29 P 2:02

2018 ANNUAL REPORT '18

Lobbyist Annual Report
 (January 1 – December 31, 2018)
 (Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) (First) (Middle) Johnson, Jennifer B.			
LOBBYIST FIRM/EMPLOYER (if applicable) Mobilitie, LLC		TELEPHONE 949-278-5537	
MAILING ADDRESS (No. and Street or P.O. Box) 2955 Red Hill Ave, Suite 200		FAX	
		EMAIL jjohnson@mobilitie.com	
(City) Costa Mesa	(State) CA	(Zip Code) 92626	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Mobilitie, LLC		TELEPHONE 949-278-5537	
MAILING ADDRESS (No. and Street or P.O. Box) 2955 Red Hill Ave, Suite 200		FAX	
		EMAIL jjohnson@mobilitie.com	
(City) Costa Mesa	(State) CA	(Zip Code) 92626	

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount n/a	Receptions, Meals, Food & Beverages	Amount n/a
Preparation & Distribution of Lobbying Materials	Amount n/a	Media Advertising	Amount n/a
Entertainment & Events	Amount n/a	Other <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL n/a	

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

Fees	Amount n/a
Compensation	Amount \$4,192
Contributions	Amount n/a
Membership Fees	Amount n/a
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input checked="" type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. 18-34 (Year) 2018 Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. Bill No. 18-34	Outcome: passed	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) 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>11/29/18 _____ DATE</p>	<p>Subscribed and sworn to before me</p> <p>This ____ day of _____,</p> <p>By: _____</p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: _____</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Please see attachment

California Jurat Certificate

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

State of California

County of Orange

S.S.

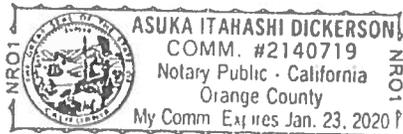
Subscribed and sworn to (or affirmed) before me on this 29 day of November (Month)

2018, by Jennifer Beth Johnson and
Name of signer (1)

_____, proved to me on the basis of
Name of signer (2)

satisfactory evidence to be the person(s) who appeared before me.

[Signature]
Signature of Notary Public



For other required information, (Notary Name, Commission No., etc.)

OPTIONAL INFORMATION

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this part to an unmanufactured document and may prove useful to persons relying on the attached document.

Description of Attached Document

The certificate is attached to a document titled/for the purpose of

containing _____ pages, and dated _____

Additional Information	
Method of Affiant Identification	
Proved to me on the basis of satisfactory evidence: <input type="radio"/> form(s) of identification <input type="radio"/> credible witness(es)	
Notarial event is detailed in notary journal on: Page # _____ Entry # _____	
Notary contact: _____	
Other	
<input type="checkbox"/> Affiant(s) Thumbprint(s)	<input type="checkbox"/> Describe: _____



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

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

THIS SPACE FOR OFFICE USE ONLY
 HONOLULU
 ETHICS COMMISSION
 RECEIVED
 32-11-19
 '19 JAN 10 P 3:43

2018 ANNUAL REPORT

Lobbyist Annual Report
 (January 1 – December 31, 2018)
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Kaakua, Laura, Hokunani Edmunds		
LOBBYIST FIRM/EMPLOYER (if applicable) The Trust for Public Land		TELEPHONE 808-524-8562
MAILING ADDRESS (No. and Street or P.O. Box) 1003 Bishop Street, Suite 740		FAX 808-524-8565
		EMAIL laura.kaakua@tpl.org
(City) Honolulu	(State) Hawaii	(Zip Code) 96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) The Trust for Public Land		TELEPHONE 808-524-8562
MAILING ADDRESS (No. and Street or P.O. Box) 1003 Bishop Street, Suite 740		FAX 808-524-8565
		EMAIL laura.kaakua@tpl.org
(City) Honolulu	(State) Hawaii	(Zip Code) 96813

PART III EXPENDITURES, BY TYPE					
Political Contributions	Amount	0	Receptions, Meals, Food & Beverages	Amount	0
Preparation & Distribution of Lobbying Materials	Amount	0	Media Advertising	Amount	0
Entertainment & Events	Amount	0	Other <input type="checkbox"/> Additional Sheet(s) Attached		
TOTAL			0		

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

Fees	Amount 0
Compensation	Amount 108.18
Contributions	Amount 0
Membership Fees	Amount 0
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a

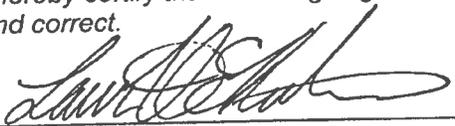
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input checked="" 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 type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): <u>Clean Water and Natural Lands Program & Projects</u>		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1.	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 1/10/19 DATE	Subscribed and sworn to before me This <u>10th</u> day of <u>10</u> , 20 <u>19</u> . By: <u>Isacc Russaw</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>6/22/22</u>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

ISACC RUSSAW
 Notary Public
 State of Washington
 Commission Expires June 22, 2022
 2021/19
 Isacc Russaw



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

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

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
 ETHICS COMMISSION
 RECEIVED

312-12-18

'18 DEC 10 P12:14

2018 ANNUAL REPORT

Lobbyist Annual Report
 (January 1 – December 31, 2018)
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Kahele Met MELVIN <i>EW</i>		
LOBBYIST FIRM/EMPLOYER (if applicable) Ironworkers Stabilization Fund		TELEPHONE 677-0375
MAILING ADDRESS (No. and Street or P.O. Box) 94-497 Ukee Street		FAX 671-6901
		EMAIL iwmel@yahoo.com
(City) Waipahu	(State) Hawaii	(Zip Code) 96797

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

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 <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL \$0.00	

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

Fees	Amount
Compensation	Amount \$2000.00
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a

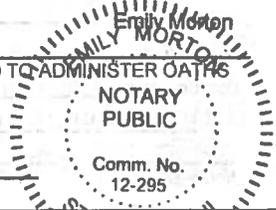
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1.	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p style="font-size: 1.2em; font-family: cursive;">Murray C. Halpern</p> <p>LOBBYIST SIGNATURE</p> <p style="font-size: 1.2em; font-family: cursive;">12/4/18 Murray C. Halpern</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>4th</u> day of <u>December</u>, 2018.</p> <p>By <u>[Signature]</u></p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>09.02.20</u></p> <div style="text-align: right;">  </div>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Doc. Date: 12.4.18

Pages: 2

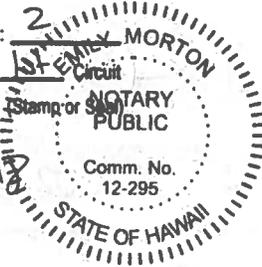
Notary Name: Emily Morton

Doc. Description: 2018 ANNUAL REPORT

LOBBYIST ANNUAL REPORT

Notary Signature: [Signature]

Date: 12.4.18





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

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

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
 ETHICS COMMISSION
 RECEIVED

31-7-19

'18 DEC 21 A9:31

2018 ANNUAL REPORT

Lobbyist Annual Report
 (January 1 – December 31, 2018)
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) KAI, GARY K.		
LOBBYIST FIRM/EMPLOYER (if applicable) HAWAII BUSINESS ROUNDTABLE		TELEPHONE (808) 532-2244
MAILING ADDRESS (No. and Street or P.O. Box) 1003 BISHOP STREET, SUITE 2630		FAX (808) 545-2025
		EMAIL HIBR@AOL.COM
(City) HONOLULU	(State) HI	(Zip Code) 96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) HAWAII BUSINESS ROUNDTABLE		TELEPHONE (808) 532-2244
MAILING ADDRESS (No. and Street or P.O. Box) 1003 BISHOP STREET, SUITE 2630		FAX (808) 545-2025
		EMAIL HIBR@AOL.COM
(City) HONOLULU	(State) HI	(Zip Code) 96813

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount \$0	Receptions, Meals, Food & Beverages	Amount \$0
Preparation & Distribution of Lobbying Materials	Amount \$0	Media Advertising	Amount \$0
Entertainment & Events	Amount \$0	Other <input type="checkbox"/> Additional Sheet(s) Attached	
TOTAL \$0			

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

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

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

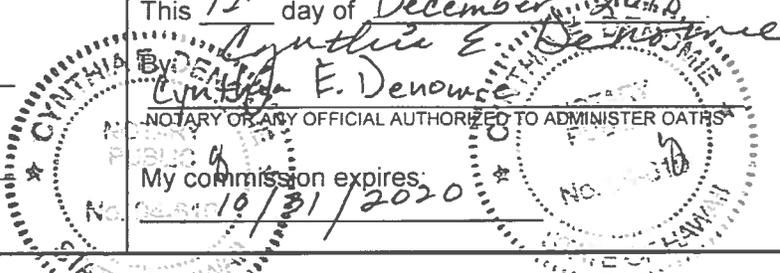
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input 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: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. NONE	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p><u>Gary K. Kao</u> LOBBYIST SIGNATURE</p> <p><u>Dec 12, 2018</u> DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>12th</u> day of <u>December</u>, <u>2018</u></p> <p>By: <u>Cynthia E. Denouze</u> Cynthia E. Denouze NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>10/31/2020</u></p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------





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

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

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
 ETHICS COMMISSION
 RECEIVED

81.7.19

'18 DEC 24 P12:13

2018 ANNUAL REPORT

Lobbyist Annual Report
 (January 1 – December 31, 2018)
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) KAKU, BEVERLY J.		
LOBBYIST FIRM/EMPLOYER (if applicable) CASTLE & COOKE, INC.	TELEPHONE (808) 548-4811	
MAILING ADDRESS (No. and Street or P.O Box) 680 IWILEI ROAD, SUITE 510	FAX (808) 548-2975	
	EMAIL bkaku@castlecooke.com	
(City) HONOLULU	(State) HI	(Zip Code) 96817

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) CASTLE & COOKE HOMES HAWAII, INC.		TELEPHONE (808) 548-4811
MAILING ADDRESS (No. and Street or P.O. Box) 680 IWILEI ROAD, SUITE 510	FAX (808) 548-2975	
	EMAIL bkaku@castlecooke.com	
(City) HONOLULU	(State) HI	(Zip Code) 96817

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0.00	Receptions, Meals, Food & Beverages	Amount 0.00
Preparation & Distribution of Lobbying Materials	Amount 0.00	Media Advertising	Amount 0.00
Entertainment & Events	Amount 0.00	Other <input type="checkbox"/> Additional Sheet(s) Attached	
		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 attached	<input checked="" type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

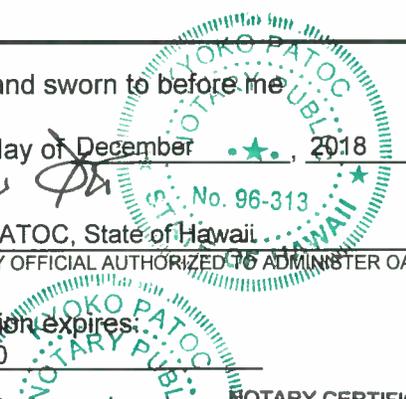
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. None	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) 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;">Doreen J. Haku</p> <p>LOBBYIST SIGNATURE</p> <p style="text-align: center;">DEC 13 2018</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>13th</u> day of December <u>2018</u></p> <p>By: <u>[Signature]</u> KYOKO PATOC, State of Hawaii NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: June 14, 2020</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



KYOKO PATOC
 Notary Signature
 Date: 12/13/18



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

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

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
 ETHICS COMMISSION
 RECEIVED

91.7.19

'18 DEC 24 P12 :13

2018 ANNUAL REPORT

Lobbyist Annual Report
 (January 1 – December 31, 2018)
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) KAKU, BEVERLY J.		
LOBBYIST FIRM/EMPLOYER (if applicable) CASTLE & COOKE, INC.		TELEPHONE (808) 548-4811
MAILING ADDRESS (No. and Street or P.O. Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL bkaku@castlecooke.com
(City) HONOLULU	(State) HI	(Zip Code) 96817

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) CASTLE & COOKE PROPERTIES, INC.		TELEPHONE (808) 548-4811
MAILING ADDRESS (No. and Street or P.O. Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL bkaku@castlecooke.com
(City) HONOLULU	(State) HI	(Zip Code) 96817

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
	0.00		0.00
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
	0.00		0.00
Entertainment & Events	Amount	Other <input type="checkbox"/> Additional Sheet(s) Attached	
	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 attached	<input checked="" type="checkbox"/> n/a

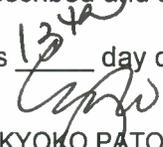
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

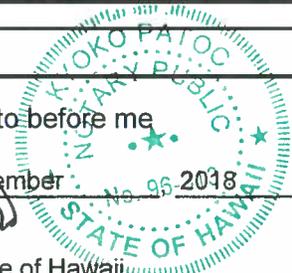
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

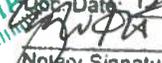
1. None	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

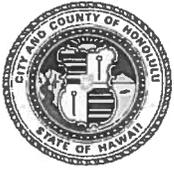
PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p> LOBBYIST SIGNATURE</p> <p>DEC 13 2018 DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>13th</u> day of <u>December</u>, No. <u>96</u> 2018.</p> <p>By:  KYOKO PATOC, State of Hawaii NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: June 14, 2020</p> <p>NOTARY CERTIFICATION</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



Kyoko Patoc
 Notary Public
 No. 96
 State of Hawaii
 My commission expires: June 14, 2020

2018 Annual Report
 # Pages: 2
 Date: 12/13/18
 Notary Signature: 



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

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

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
 ETHICS COMMISSION
 RECEIVED

21-7-19

'18 DEC 24 P12 :13

2018 ANNUAL REPORT

Lobbyist Annual Report
 (January 1 – December 31, 2018)
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) KAKU, BEVERLY J.		
LOBBYIST FIRM/EMPLOYER (if applicable) CASTLE & COOKE, INC.		TELEPHONE (808) 548-4811
MAILING ADDRESS (No. and Street or P.O. Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL bkaku@castlecooke.com
(City) HONOLULU	(State) HI	(Zip Code) 96817

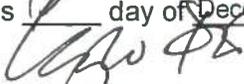
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) CASTLE & COOKE, INC.		TELEPHONE (808) 548-4811
MAILING ADDRESS (No. and Street or P.O. Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL bkaku@castlecooke.com
(City) HONOLULU	(State) HI	(Zip Code) 96817

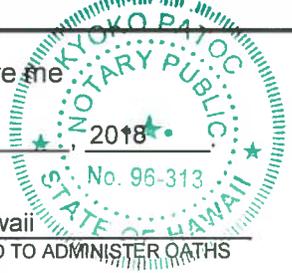
PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
	0.00		0.00
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
	0.00		0.00
Entertainment & Events	Amount	Other <input type="checkbox"/> Additional Sheet(s) Attached	
	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 attached	<input checked="" type="checkbox"/> n/a

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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)			
1. None	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION	
<i>I hereby certify that the foregoing statements are true and correct.</i>  LOBBYIST SIGNATURE DEC 13 2018 DATE	Subscribed and sworn to before me This <u>13th</u> day of December, 2018 By:  KYOKO PATOC, State of Hawaii NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: June 14, 2020



NOTARY CERTIFICATION

Kyoko Patoc
 Notary Public
 No. 96-313
 State of Hawaii

2018 Manual Entry
 # Pages: 05
 Date: 12/13/18

**HONOLULU ETHICS COMMISSION**

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

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

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

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
ETHICS COMMISSION
RECEIVED

31-14-19

'19 JAN -7 P 4:20

2018 ANNUAL REPORTLobbyist Annual Report
(January 1 – December 31, 2018)
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Kelly, Stephen H.		
LOBBYIST FIRM/EMPLOYER (if applicable) James Campbell Corporation/Aina Nui Corporation		TELEPHONE (808) 674-6674
MAILING ADDRESS (No. and Street or P.O Box) James Campbell Building, Suite 250 1001 Kamokila Boulevard		FAX
		EMAIL stevek@kapolei.com
(City) Kapolei	(State) HI	(Zip Code) 96707

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) James Campbell Corporation		TELEPHONE (808) 674-6674
MAILING ADDRESS (No. and Street or P.O. Box) James Campbell Building, Suite 250 1001 Kamokila Boulevard		FAX
		EMAIL stevek@kapolei.com
(City) Kapolei	(State) HI	(Zip Code) 96707

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
	\$2,500.00		
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL	\$2,500.00

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 attached	<input checked="" type="checkbox"/> n/a

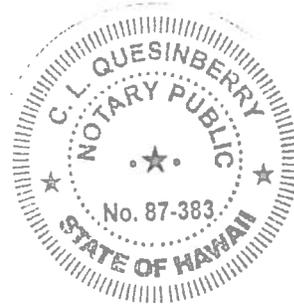
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED		
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input checked="" type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. <u>58/59; 42</u> (Year) <u>2017; 2018</u> Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)			
1. Bill 42 (2018)	Outcome: Deferred	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION	
<i>I hereby certify that the foregoing statements are true and correct.</i>  LOBBYIST SIGNATURE <u>1/3/19</u> DATE	Subscribed and sworn to before me This ____ day of <u>attached</u> By: <u>See attached</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: _____

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

Subscribed and sworn to before me
this 3rd day of January, 2019



C. L. Quesinberry
Name: C.L. Quesinberry

Notary Public, State of Hawaii

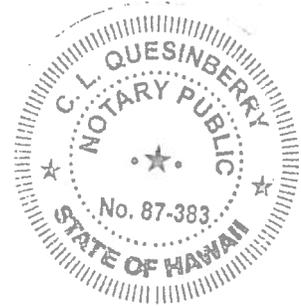
My commission expires: 7/12/2019

Document Date: 1/3/2019 No. of Pages: 3

C.L. Quesinberry First Circuit

Document Description: 2018 Annual Report
(Lobbyist) Honolulu Ethics Commission
Re: Stephen H. Kelly

C. L. Quesinberry 1/3/2019
Notary Signature Date



NOTARY CERTIFICATION



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

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

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
ETHICS COMMISSION
RECEIVED

32-11-19

'19 JAN -4 P12 :00

2018 ANNUAL REPORT

Lobbyist Annual Report
(January 1 – December 31, 2018)
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Kendrick, Stephanie Lee		
LOBBYIST FIRM/EMPLOYER (if applicable) <i>Hawaiian Humane Society JP 1/23/19</i>		TELEPHONE (808) 356-2217
MAILING ADDRESS (No. and Street or P.O. Box) 2700 Waiialae Ave.		FAX
		EMAIL skendrick@hawaiianhumane.org
(City) Honolulu	(State) HI	(Zip Code) 96826

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaiian Humane Society		TELEPHONE (808) 356-2242
MAILING ADDRESS (No. and Street or P.O. Box) 2700 Waiialae Ave.		FAX
		EMAIL jkam@hawaiianhumane.org
(City) Honolulu	(State) HI	(Zip Code) 96826

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 <input type="checkbox"/> Additional Sheet(s) Attached	
		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 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 checked="" 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: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. <u>Bill 15</u> (Year) <u>2018</u> ^{JP 1/23/19} Reso No. _____ Admin. Rule No. _____ Dept. D-445 (<u>Customer Services</u>) ^{JP 1/23/19}
<input checked="" type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. <u>(2018) JP 1/23/19</u> Bill 15, spay/neuter funding	Outcome: Passed	4.	Outcome:
2. <u>(Customer Services) JP 1/23/19</u> D-445, spay/neuter program	Outcome: Information	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.		Subscribed and sworn to before me	
		This <u>31st</u> day of <u>December</u> , <u>2019</u> .	
NOTARY PUBLIC CERTIFICATION Dawn E. Kim First Judicial Circuit		By: <u>Dawn E. Kim</u>	
LOBBYIST SIGNATURE: <u>2018 lobbyist</u>		NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS <u>Dawn E. Kim</u>	
DATE: <u>Dec. 31, 2018</u>	No. of Pages: <u>2</u> Date of Doc. <u>12-31-18</u>	My commission expires: <u>July 25, 2021</u>	
<u>Dawn E. Kim</u> 12.31.18			
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/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
 ETHICS COMMISSION
 RECEIVED

01-14-19
 '19 JAN 10 A10:37

2018 ANNUAL REPORT

Lobbyist Annual Report
 (January 1 – December 31, 2018)
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Kim, Jongwook "Wookie"		
LOBBYIST FIRM/EMPLOYER (if applicable) American Civil Liberties Union of Hawaii Foundation		TELEPHONE 808 522 5905
MAILING ADDRESS (No. and Street or P.O. Box) P.O. Box 3410		FAX 808 522 5909
		EMAIL wkim@acluhawaii.org
(City) Honolulu	(State) Hawaii	(Zip Code) 96801

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) American Civil Liberties Union of Hawaii Foundation		TELEPHONE 808 522 5900
MAILING ADDRESS (No. and Street or P.O. Box) P.O. Box 3410		FAX 808 522 5909
		EMAIL office@acluhawaii.org
(City) Honolulu	(State) Hawaii	(Zip Code) 96801

PART III EXPENDITURES, BY TYPE					
Political Contributions	Amount	\$ 0	Receptions, Meals, Food & Beverages	Amount	\$ 19.95
Preparation & Distribution of Lobbying Materials	Amount	\$ 0	Media Advertising	Amount	\$ 0
Entertainment & Events	Amount	\$ 0	Other <input type="checkbox"/> Additional Sheet(s) Attached		
			TOTAL		

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

Fees	Amount \$ 0
Compensation	Amount \$ 522.87
Contributions	Amount \$ 0
Membership Fees	Amount \$ 0
<input type="checkbox"/> Check here if additional sheets 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: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

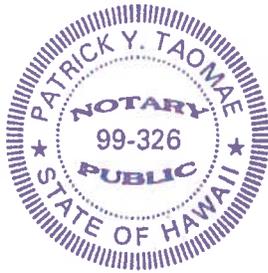
1. Bill 51 (2018)	Outcome: Passed	4.	Outcome:
2. Bill 52 (2018)	Outcome: Passed	5.	Outcome:
3. Res 18-246 (2018)	Outcome: Passed	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p style="text-align: right;">*</p> <p></p> <p>_____ LOBBYIST SIGNATURE</p> <p>1/8/2019 _____ DATE</p>	<p>Subscribed and sworn to before me</p> <p>This ____ day of _____, _____.</p> <p>By: * See attached notary page.</p> <p>_____ NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: _____</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

The foregoing undated Honolulu Ethics Commission 2018 Lobbyist Annual Report consisting of two (2) pages was subscribed, sworn to, and acknowledged before me by JONGWOOK "WOOKIE" KIM in the First Circuit of the State of Hawaii on this 8th day of January, 2019.



Patrick Y. Taomae

PATRICK Y. TAOMAE
Notary Public, State of Hawaii

My Commission Expires: 6/30/2019



HONOLULU ETHICS COMMISSION
 925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817
 TEL: (808) 768-9242 FAX: (808) 768-7768
 Email: ethics@honolulu.gov
 Website: <http://www.honolulu.gov/ethics/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
 ETHICS COMMISSION
 RECEIVED

91-14-19
 '19 JAN -8 P12:25

2018 ANNUAL REPORT
 Lobbyist Annual Report
 (January 1 – December 31, 2018)
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Kimura, Joy		
LOBBYIST FIRM/EMPLOYER (if applicable) Hawaii Laborers-Employers Cooperation and Education Trust		TELEPHONE (808) 845-3238
MAILING ADDRESS (No. and Street or P.O Box) 650 Iwilei Road, Suite 285		FAX (808) 845-8300
		EMAIL info@hawaiiilecet.org
(City) Honolulu	(State) Hawaii	(Zip Code) 96817

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

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 <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL 0.00	

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

Fees	Amount \$725.00
Compensation	Amount 0
Contributions	Amount 0
Membership Fees	Amount 0
<input type="checkbox"/> Check here if additional sheets attached	<input checked="" type="checkbox"/> n/a

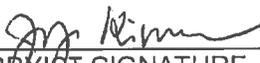
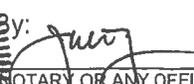
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

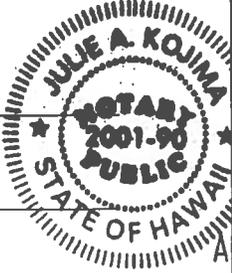
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. Resolution 18-248	Outcome: Passed	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p style="text-align: center;"></p> <p>LOBBYIST SIGNATURE</p> <p style="text-align: center;">1-7-19</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>7TH</u> day of <u>JANUARY</u>, 20<u>19</u></p> <p style="text-align: center;"></p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p style="text-align: center;">Julie A. Kojima</p> <p>My commission expires: <u>APR 01 2021</u></p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



Doc. Date: JAN 07 2019 # Pages: 2
 Notary Name: Julie A. Kojima 1st Circuit
 Doc. Description: 2018 ANNUAL REPORT - LOBBYIST ANNUAL REPORT
Julie A. Kojima JAN 07 2019
 Notary Signature Date
 NOTARY CERTIFICATION



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

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

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
 ETHICS COMMISSION
 RECEIVED

912-18-18

'18 DEC 18 P12:31

2018 ANNUAL REPORT

Lobbyist Annual Report
 (January 1 – December 31, 2018)
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Kinney, Nathaniel, Keoki		
LOBBYIST FIRM/EMPLOYER (if applicable) Hawaii Construction Alliance		TELEPHONE (808) 220-8892
MAILING ADDRESS (No. and Street or P.O. Box) PO Box 179441		FAX
		EMAIL execdir@hawaiiconstructionalliance.org
(City) Honolulu	(State) HI	(Zip Code) 96817

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Construction Alliance		TELEPHONE (808) 220-8892
MAILING ADDRESS (No. and Street or P.O. Box) PO Box 179441		FAX
		EMAIL execdir@hawaiiconstructionalliance.org
(City) Honolulu	(State) HI	(Zip Code) 96817

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 <input type="checkbox"/> Additional Sheet(s) Attached	
	0		
		TOTAL	0

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

Fees	Amount
Compensation	Amount 1,000
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a

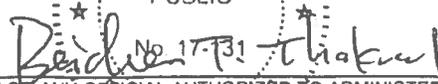
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1.	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct</i></p> <p style="text-align: center;"></p> <p>LOBBYIST SIGNATURE</p> <p style="text-align: center;">12/12/18</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>12th</u> day of <u>December</u>, 2018</p> <p>By: </p> <p>NOTARY OR ANY OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>05/21/2021</u></p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

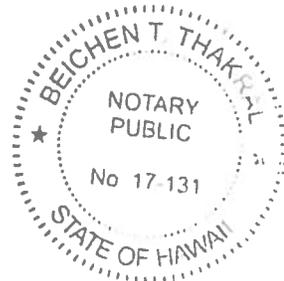
Doc. Date: 12/12/2018 # Pages 3

Notary Name: Beichen T. Thakral First Circuit

Doc. Description 2018 Annual Report

Beichen T. Thakral 12/12/2018
Notary Signature Date

Beichen T. Thakral
Notary Public, First Judicial Circuit
State of Hawaii
My Commission Expires May 21, 2021



"POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME"

Item	Position	Description	Outcome
Bill 42 (2017)	Support	Relating to funding for transit	Approved.
Reso 18-127	Support	AUTHORIZING THE DIRECTOR OF BUDGET AND FISCAL SERVICES TO ISSUE AND SELL IN ONE OR MORE SERIES NOT TO EXCEED \$450,000,000 PRINCIPAL AMOUNT OF GENERAL OBLIGATION BONDS OF THE CITY AND COUNTY OF HONOLULU TO FINANCE CAPITAL COSTS OF THE HONOLULU RAIL TRANSIT PROJECT	Approved.
Reso 18-132	Support	AUTHORIZING THE DIRECTOR OF BUDGET AND FISCAL SERVICES TO ISSUE AND SELL IN ONE OR MORE SERIES NOT TO EXCEED \$44,000,000 PRINCIPAL AMOUNT OF GENERAL OBLIGATION BONDS OF THE CITY AND COUNTY OF HONOLULU FOR THE PURPOSE OF FINANCING CAPITAL COSTS OF THE HONOLULU RAIL TRANSIT PROJECT	Approved.
Reso 18-237	Support	AUTHORIZING THE DIRECTOR OF THE DEPARTMENT OF BUDGET AND FISCAL SERVICES OF THE CITY AND COUNTY OF HONOLULU OR THE DIRECTOR'S DESIGNEE TO ENTER INTO AN AGREEMENT WITH THE HONOLULU AUTHORITY FOR RAPID TRANSPORTATION ("HART") REGARDING ISSUANCE AND SALE IN ONE OR MORE SERIES NOT TO EXCEED \$44,000,000 PRINCIPAL AMOUNT OF THE GENERAL OBLIGATION BONDS OF THE CITY AND COUNTY OF HONOLULU FOR THE PURPOSE OF FINANCING CAPITAL COSTS OF THE HONOLULU RAIL TRANSIT PROJECT	Approved.
Reso 18-239	Support	APPROVING THE 2018 RECOVERY PLAN FOR THE HONOLULU RAIL TRANSIT PROJECT TO BE SUBMITTED TO THE FEDERAL TRANSIT ADMINISTRATION	Approved.
Reso 18-248	Support	APPROVING A CONCEPTUAL PLAN FOR AN INTERIM PLANNED DEVELOPMENT-TRANSIT PROJECT FOR THE DEVELOPMENT OF THE SKY ALA MOANA CONDO-HOTEL AND RESIDENTIAL DEVELOPMENT PROJECT.	Approved.



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

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

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
 ETHICS COMMISSION
 RECEIVED

83-26-19

'19 JAN -9 AIO :27

2018 ANNUAL REPORT

Lobbyist Annual Report
 (January 1 – December 31, 2018)
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Kobayashi, Ryan K.		
LOBBYIST FIRM/EMPLOYER (if applicable) Hawaii Laborers' Union, Local 368		TELEPHONE 808-841-5877
MAILING ADDRESS (No. and Street or P.O. Box) 1617 Palama Street		FAX 808-847-7829
		EMAIL rkobayashi@local368.org
(City) Honolulu	(State) Hawaii	(Zip Code) 96817

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Laborers' Union, Local 368		TELEPHONE 808-841-5877
MAILING ADDRESS (No. and Street or P.O. Box) 1617 Palama Street		FAX 808-847-7829
		EMAIL rkobayashi@local368.org
(City) Honolulu	(State) Hawaii	(Zip Code) 96817

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 <input type="checkbox"/> Additional Sheet(s) Attached		
			TOTAL 00		

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

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

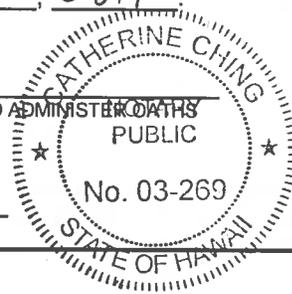
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<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 checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. Reso 18-240	Outcome: Passed	4. Reso 18-132	Outcome: Passed
2. Bill 42 (2017)	Outcome: Passed	5. Reso 18-239	Outcome: Passed
3. Reso 18-127	Outcome: Passed	<input checked="" type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE DATE <u>1/9/2019</u>	STATE OF HAWAII)) ss. CITY & COUNTY OF HONOLULU Subscribed and sworn to before me This <u>9th</u> day of <u>January</u> , <u>2019</u> By: <u>Catherine Ching</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS PUBLIC My commission expires: <u>May 18, 2019</u>
	

**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO
INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)**

- CONTIUNED -

Public Private Partnerships for Rail (HART) – Passed

Sky Ala Moana Reso 17-333 - Passed

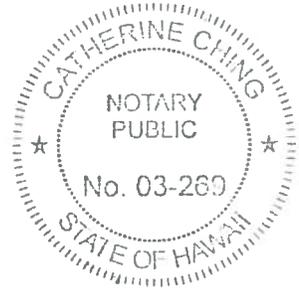
Doc. Date: JAN - 9 2019 # Pages 3

Notary Name: Catherine Ching First Circuit

Doc. Description Honolulu Ethics Commission

2018 Annual Report.

Catherine Ching JAN - 9 2019
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/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
 ETHICS COMMISSION
 RECEIVED

2018-12-24

'18 DEC 24 P12:13

2018 ANNUAL REPORT

Lobbyist Annual Report
 (January 1 – December 31, 2018)
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) KODAMA, LAURA M.		
LOBBYIST FIRM/EMPLOYER (if applicable) CASTLE & COOKE HOMES HAWAII, INC.		TELEPHONE (808) 548-4811
MAILING ADDRESS (No. and Street or P.O. Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL lkodama@castlecooke.com
(City) HONOLULU	(State) HI	(Zip Code) 96817

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) CASTLE & COOKE HOMES HAWAII, INC.		TELEPHONE (808) 548-4811
MAILING ADDRESS (No. and Street or P.O. Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL lkodama@castlecooke.com
(City) HONOLULU	(State) HI	(Zip Code) 96817

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
	0.00		0.00
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
	0.00		0.00
Entertainment & Events	Amount	Other <input type="checkbox"/> Additional Sheet(s) Attached	
	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 attached	<input checked="" type="checkbox"/> n/a

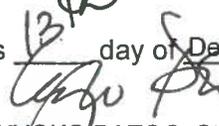
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. None	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p style="text-align: center;"></p> <p>_____ LOBBYIST SIGNATURE DEC 13 2018</p> <p>_____ DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>13th</u> day of December, 2018, 13</p> <p>By:  KYOKO PATOC, State of Hawaii NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: June 14, 2020</p> <p style="text-align: center;"></p> <p style="text-align: center;">NOTARY CERTIFICATION</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/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
 ETHICS COMMISSION
 RECEIVED

92-11-19

'19 JAN 10 P 4:03

2018 ANNUAL REPORT

Lobbyist Annual Report
 (January 1 – December 31, 2018)
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) LA CHICA, MAE PATRICIA QUEMA		
LOBBYIST FIRM/EMPLOYER (if applicable) Hawaii Public Health Institute		TELEPHONE (808) 591-6508
MAILING ADDRESS (No. and Street or P.O. Box) 850 RICHARDS STREET, SUITE 201		FAX N/A
		EMAIL TRISH@HIPHI.ORG
(City) HONOLULU	(State) HI	(Zip Code) 96813

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 STREET, SUITE 201		FAX N/A
		EMAIL CONTACT@HIPHI.ORG
(City) HONOLULU	(State) HI	(Zip Code) 96813

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount 101-	Media Advertising	Amount
Entertainment & Events	Amount	Other: <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL	101.00

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 attached	<input type="checkbox"/> n/a

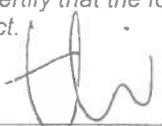
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1.	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

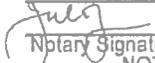
PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 1/8/19 DATE		Subscribed and sworn to before me This <u>08th</u> day of <u>JANUARY</u> 20 <u>19</u> By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>APR 01 2021</u>	
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------

Rev. 11/2018

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

Doc. Date: JAN 08 2019 # Pages: 2
 Notary Name: Julie A. Kojima MT Circuit
 Doc. Description: 2018 ANNUAL REPORT


 Notary Signature
JAN 08 2019
 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/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
 ETHICS COMMISSION
 RECEIVED

82-11-19

'19 FEB -1 P12:21

2018 ANNUAL REPORT

Lobbyist Annual Report
 (January 1 – December 31, 2018)
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Lee, Brandon, Toshihisa		
LOBBYIST FIRM/EMPLOYER (if applicable) Ulupono Initiative		TELEPHONE (808) 544-8967
MAILING ADDRESS (No. and Street or P.O Box) 999 Bishop Street, Suite 1202		FAX
		EMAIL blee@ulupono.com
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Ulupono Initiative		TELEPHONE (808) 544-8960
MAILING ADDRESS (No. and Street or P.O. Box) 999 Bishop Street, Suite 1202		FAX
		EMAIL info@ulupono.com
(City) Honolulu	(State) HI	(Zip Code) 96813

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount <i>0</i> ^{JP 2/1/19}	Receptions, Meals, Food & Beverages	Amount <i>0</i> ^{JP 2/1/19}
Preparation & Distribution of Lobbying Materials	Amount <i>0</i> ^{JP 2/1/19}	Media Advertising	Amount <i>0</i> ^{JP 2/1/19}
Entertainment & Events	Amount <i>0</i> ^{JP 2/1/19}	Other <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL <i>0</i> ^{JP 2/1/19}	

Doc. Description
 Notary Name, Business Name, First Initial
 Doc. Date
 Notary Signature
 Rev. 11/2018

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

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

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets attached	<input checked="" type="checkbox"/> n/a ^{JK 2/1/19}

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. Bill 15 (2018) ^{JK 2/1/19}	Outcome: Passed	4.	Outcome:
2. Bill 25 (2018) ^{JK 2/1/19}	Outcome: Failed	5.	Outcome:
3. Resolution 18-221	Outcome: Adopted	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p style="font-size: 1.5em; font-family: cursive;">Brandon T. Lee</p> <p>LOBBYIST SIGNATURE</p> <p>1-23-19</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>23</u> day of <u>January</u>, 20<u>19</u></p> <p>By: </p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires <u>3-15-2019</u></p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Doc. Date: <u>1-23-2019</u> # Pages <u>2</u>	Notary Name: <u>Gwynn M. Nakamura</u> First Circuit
Doc. Description: <u>2018 Annual Report</u>	
Notary Signature:	Date: <u>1-23-2019</u>

**HONOLULU ETHICS COMMISSION**

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

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

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

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
ETHICS COMMISSION
RECEIVED

01-14-19

'19 JAN -8 P12:25

2018 ANNUAL REPORTLobbyist Annual Report
(January 1 – December 31, 2018)
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Lee, Brian		
LOBBYIST FIRM/EMPLOYER (if applicable) Hawaii Laborers-Employers Cooperation and Education Trust		TELEPHONE (808) 845-3238
MAILING ADDRESS (No. and Street or P.O. Box) 650 Iwilei Road, Suite 285		FAX (808) 845-8300
		EMAIL info@hawaiiilecet.org
(City) Honolulu	(State) HI	(Zip Code) 96817

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

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0	Receptions, Meals, Food & Beverages	Amount 0
Preparation & Distribution of Lobbying Materials	Amount \$385.00	Media Advertising	Amount 0
Entertainment & Events	Amount 0	Other <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL \$385.00	

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

Fees	Amount 0
Compensation	Amount \$1500.00
Contributions	Amount 0
Membership Fees	Amount 0
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. Resolution 18-248	Outcome: Passed	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p></p> <p>LOBBYIST SIGNATURE</p> <p>1-4-19</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>4th</u> day of <u>January</u>, 2019.</p> <p>By: <u>Joy Y.N. Kimura</u></p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>Doc. Date: <u>1-4-2019</u> # Pages: <u>2</u></p> <p>My commission expires: <u>November 30, 2020</u> Notary Name: <u>Joy Y.N. Kimura</u> <u>1ST</u> Circuit</p> <p>Doc. Description: <u>2018 Lobbyist Annual Report</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/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
 ETHICS COMMISSION
 RECEIVED

84-18-19

'19 MAR 19 P1:58

2018 ANNUAL REPORT

Lobbyist Annual Report
 (January 1 – December 31, 2018)
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Lincoln, Faye		
LOBBYIST FIRM/EMPLOYER (if applicable) Avalon Health Care, Inc.		TELEPHONE (801) 596-8844 or (801) 518-6565 (cell)
MAILING ADDRESS (No. and Street or P.O. Box) 206 North 2100 West		FAX (801) 596-9001
		EMAIL faye.lincoln@avalonhealthcare.com
(City) Salt Lake City	(State) Utah	(Zip Code) 84116

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Avalon Health Care, Inc.		TELEPHONE (801) 596-8844
MAILING ADDRESS (No. and Street or P.O. Box) 2016 North 2100 West		FAX (801) 596-9001
		EMAIL faye.lincoln@avalonhealthcare.com
(City) Salt Lake City	(State) Utah	(Zip Code) 84116

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 <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL 0	

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

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

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

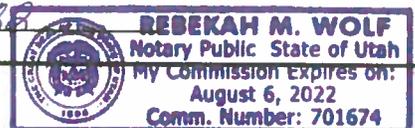
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/>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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1.	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 3-19-2019 DATE	Subscribed and sworn to before me This <u>19</u> day of <u>MARCH</u> , <u>2019</u> . By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>AUGUST 6, 2022</u>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



ORIGINAL



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
MAR 25 10:20
4.30.19

2018 ANNUAL REPORT

Lobbyist Annual Report
(January 1 - December 31, 2018)
(Type or Print Clearly)

PART I LOBBYIST
NAME (Last) (First) (Middle)
Lopez, Kealii S.
LOBBYIST FIRM/EMPLOYER (if applicable)
Dentons US LLP
TELEPHONE
(808) 524-1800
MAILING ADDRESS (No. and Street or P.O. Box)
1001 Bishop Street, Suite 1800
FAX
(808) 524-4591
EMAIL
kealii.lopez@dentons.com
(City) Honolulu (State) Hawaii (Zip Code) 96813

PART II ORGANIZATION
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)
Western Plant Health Association
TELEPHONE
(916) 574-9744
MAILING ADDRESS (No. and Street or P.O. Box)
4460 Duckhorn Drive, Suite A
FAX
EMAIL
(City) Sacramento (State) California (Zip Code) 95834

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 [] Additional Sheet(s) Attached
TOTAL None

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

Fees	Amount	\$6,262.30
Compensation	Amount	
Contributions	Amount	
Membership Fees	Amount	
<input type="checkbox"/> Check here if additional sheets attached		<input type="checkbox"/> n/a

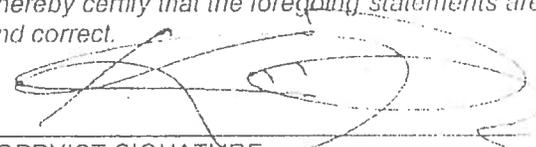
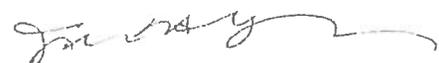
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

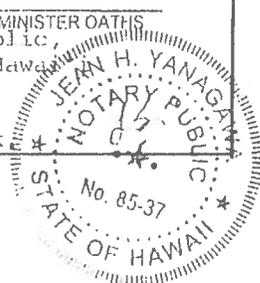
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> 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 Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. 17-351 Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. Reso No. 17-351	Outcome: Deferred	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) 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>MAR 22 2019</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>22nd</u> day of <u>March</u>, 2019</p> <p>By: </p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS Jean H. Yanagawa, Notary Public, State of Hawaii</p> <p>My commission expires: <u>2/7/2021</u></p> <p>NOTARY CERTIFICATION on back</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



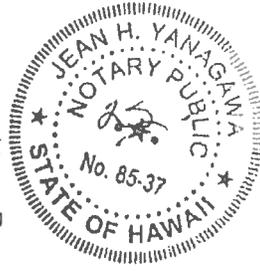
MAR 22 2019

2

*Honolulu Ethics
Commission, 2018 Annual Report,
Lobbyist Annual Report*



MAR 22 2019





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

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

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
 ETHICS COMMISSION
 RECEIVED

2017-19

'18 DEC 24 P12:13

2018 ANNUAL REPORT

Lobbyist Annual Report
 (January 1 – December 31, 2018)
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) LOVVORN, CHRISTOPHER M.		
LOBBYIST FIRM/EMPLOYER (if applicable) CASTLE & COOKE HAWAII		TELEPHONE (808) 548-4811
MAILING ADDRESS (No. and Street or P.O Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL clovorn@castlecooke.com
(City) HONOLULU	(State) HI	(Zip Code) 96817

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) CASTLE & COOKE PROPERTIES, INC.		TELEPHONE (808) 548-4811
MAILING ADDRESS (No. and Street or P.O. Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL clovorn@castlecooke.com
(City) HONOLULU	(State) HI	(Zip Code) 96817

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
	0.00		0.00
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
	0.00		0.00
Entertainment & Events	Amount	Other <input type="checkbox"/> Additional Sheet(s) Attached	
	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 attached	<input checked="" type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. None	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p style="text-align: center;"></p> <p style="text-align: center;">_____ LOBBYIST SIGNATURE</p> <p style="text-align: center;">DEC 13 2018 _____ DATE</p>	<p style="text-align: center;">Subscribed and sworn to before me</p> <p style="text-align: center;">This _____ day of December, 2018</p> <p style="text-align: center;">By: </p> <p style="text-align: center;">KYOKO PATOC, State of Hawaii NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p style="text-align: center;">My commission expires: June 14, 2020</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

NOTARY CERTIFICATION

Kyoko Patoc
Doc. Description: 2018 Annual Report
Doc. Date: 12/13/18 # Pages: 2
Notary Signature: Date: 12/13/18



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

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

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
 ETHICS COMMISSION
 RECEIVED

32-11-19

'19 JAN 10 P 3:43

2018 ANNUAL REPORT

Lobbyist Annual Report
 (January 1 – December 31, 2018)
 (Type or Print Clearly)

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

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) HILTON		TELEPHONE (703) 883-1000
MAILING ADDRESS (No. and Street or P.O. Box) 7930 JONES BRANCH DRIVE		FAX
		EMAIL
(City) MCLEAN	(State) VIRGINIA	(Zip Code) 22102

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 <input type="checkbox"/> Additional Sheet(s) Attached Photocopying: \$12.56; Scanning: \$3.22	
	0		
		TOTAL \$15.78	

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

Fees	Amount \$19,645.53
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets 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 checked="" type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input checked="" type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. <u>89</u> (Year) <u>2018</u> Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. Bill 89 (2018)	Outcome: Referred to committee-pending	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p><u>I. D. Clark</u> LOBBYIST SIGNATURE</p> <p><u>1-9-19</u> DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>9th</u> day of <u>January</u>, <u>2019</u>.</p> <p>By: <u>Bernadette G. Lee</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>6/29/2019</u></p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



NOTARY CERTIFICATION STATEMENT

Doc. Date: 1-9-2019 Undated at time of notarization

Document Description: Honolulu Ethics Commission - 2018 Annual Report (Ivan M. Lui-Kwan)

No. of Pages: 3

Jurisdiction: First Judicial Circuit
Honolulu, Hawaii

Bernadette G. Lee
Signature of Notary

January 9, 2019
Date of Notarization and
Certification Statement

BERNADETTE A. LEE



(Official Stamp or Seal)

Printed Name of Notary



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

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

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
 ETHICS COMMISSION
 RECEIVED

01-14-19

'19 JAN 10 P12:29

2018 ANNUAL REPORT

Lobbyist Annual Report
 (January 1 – December 31, 2018)
 (Type or Print Clearly)

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

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) PARK HOTELS & RESORTS INC.		TELEPHONE (571) 302-5757
MAILING ADDRESS (No. and Street or P.O. Box) 1775 TYSONS BLVD., 7TH FLOOR		FAX
		EMAIL
(City) TYSONS	(State) VIRGINIA	(Zip Code) 22102

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 <input type="checkbox"/> Additional Sheet(s) Attached	
	0		
		TOTAL	
		0	

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

Fees	Amount 17,848.68
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a

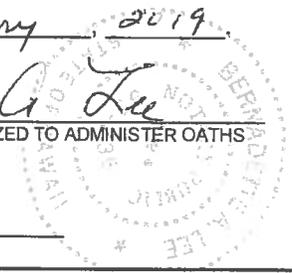
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<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: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. <u>13</u> (Year) <u>2018</u> Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. BILL 13 (2018)	Outcome: PASSED	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p><u>I. D. Clark</u> LOBBYIST SIGNATURE</p> <p><u>1-8-19</u> DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>8th</u> day of <u>January</u>, <u>2019</u>.</p> <p>By: <u>Benedette A Lee</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>6/29/2019</u></p> 
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

NOTARY CERTIFICATION STATEMENT

Doc. Date: January 8, 2019 Undated at time of notarization

Document Description: Honolulu Ethics Commission - 2018 Annual Report (Ivan M. Lui-Kwan)

No. of Pages: 3

Jurisdiction: First Judicial Circuit
Honolulu, Hawaii

Bernadette A. Lee
Signature of Notary

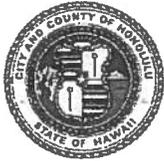
January 8, 2019
Date of Notarization and
Certification Statement

BERNADETTE A. LEE

Printed Name of Notary



(Official Stamp or Seal)



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

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

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
 ETHICS COMMISSION
 RECEIVED

31-14-19
 '19 JAN -9 P 4:45

2018 ANNUAL REPORT

Lobbyist Annual Report
 (January 1 – December 31, 2018)
 (Type or Print Clearly)

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

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) TURTLE BAY RESORT, LLC		TELEPHONE (808) 293-6000
MAILING ADDRESS (No. and Street or P.O. Box) 57-091 KAMEHAMEHA HIGHWAY		FAX
		EMAIL
(City) KAHUKU	(State) HAWAII	(Zip Code) 96731

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 <input type="checkbox"/> Additional Sheet(s) Attached	
	0		
		TOTAL 0	

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

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

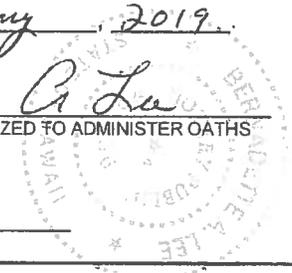
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1.	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p><u>I. N. Clark</u> LOBBYIST SIGNATURE</p> <p><u>1-8-19</u> DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>8th</u> day of <u>January</u>, <u>2019</u>.</p> <p>By: <u>Bernadette C. Lu</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>6/29/2019</u></p> 
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



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

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

THIS SPACE FOR OFFICE USE ONLY
 HONOLULU ETHICS COMMISSION
 RECEIVED
 3/11-2-18
 '18 NOV -2 A11 :50

ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

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

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

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

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

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

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. <u>N/A</u> (Year) _____ Reso No. <u>N/A</u> (Year) _____ Admin. Rule No. <u>N/A</u> _____ Dept. <u>N/A</u> _____
<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>I hereby certify that the foregoing statements are true and correct.</i></p> <p style="text-align: center;"><u>Chai Ann C. Lum</u></p> <p>LOBBYIST SIGNATURE</p> <p><u>10/31/18</u></p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>31st</u> day of <u>October</u>, <u>2018</u>. JS.</p> <p>By: <u>Charlene M. Moriawaki</u></p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>Charlene M. Moriawaki</p> <p>My commission expires: <u>6/1/20</u></p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Doc Date 10/31/18 # Pages 2
 Charlene M. Moriawaki First Circuit
 Doc Description Honolulu Ethics Commission Annual Report
Charlene M. Moriawaki 10/31/18
 Notary Signature Date
 NOTARY CERTIFICATION C.S.



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

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

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
ETHICS COMMISSION
RECEIVED

31-14-19

'19 JAN 10 P3:18

2018 ANNUAL REPORT

Lobbyist Annual Report
(January 1 – December 31, 2018)
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) LUNING, DEBRA M.A.		
LOBBYIST FIRM/EMPLOYER (if applicable) Gentry Homes, Ltd.		TELEPHONE (808) 599-8370
MAILING ADDRESS (No. and Street or P.O. Box) 733 Bishop Street, Suite 1400		FAX (808) 599-8342
		EMAIL DebbieL@GentryHawaii.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Gentry Homes, Ltd.		TELEPHONE (808) 599-5558
MAILING ADDRESS (No. and Street or P.O. Box) 733 Bishop Street, Suite 400		FAX (808) 599-8342
		EMAIL n/a
(City) Honolulu	(State) Hawaii	(Zip Code) 96813

PART III EXPENDITURES, BY TYPE					
Political Contributions	Amount	\$0	Receptions, Meals, Food & Beverages	Amount	\$0
Preparation & Distribution of Lobbying Materials	Amount	\$0	Media Advertising	Amount	\$0
Entertainment & Events	Amount	\$0	Other <input type="checkbox"/> Additional Sheet(s) Attached		
			TOTAL \$0		

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

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

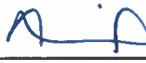
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<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 checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. N/A	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p></p> <p>_____ LOBBYIST SIGNATURE</p> <p><u>1/4/19</u></p> <p>_____ DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>4TH</u> day of <u>JANUARY</u>, 20<u>19</u></p> <p>By: <u>Carmela R. Gadicho</u></p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS Carmela R. Gadicho My commission expires: <u>OCTOBER 21, 2022</u></p> <p>Notary Certification Statement Attached</p> 
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

NOTARY CERTIFICATION STATEMENT

Document Identification or Description: 2018 Annual Report for Gentry Homes, Ltd.

Document Date: January 4, 2019

No. of Pages: 3 (Including Notary Certification Statement)

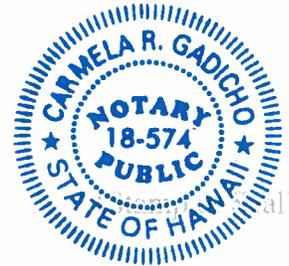
Jurisdiction (in which notarial act is performed): First Circuit

Carmela R. Gadicho

Signature of Notary

January 4, 2019

Date of Notarization and
Certification Statement



Carmela R. Gadicho

Printed Name of Notary



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

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

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
 ETHICS COMMISSION
 RECEIVED

01-14-19

'19 JAN 10 P 3:19

2018 ANNUAL REPORT

Lobbyist Annual Report
 (January 1 – December 31, 2018)
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) LUNING, DEBRA M.A.		
LOBBYIST FIRM/EMPLOYER (if applicable) Gentry Homes, Ltd.	TELEPHONE (808) 599-8370	
MAILING ADDRESS (No. and Street or P.O Box) 733 Bishop Street, Suite 1400	FAX (808) 599-8342	
	EMAIL DebbieL@GentryHawaii.com	
(City) Honolulu	(State) Hawaii	(Zip Code) 96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Gentry Investment Properties		TELEPHONE (808) 599-5558
MAILING ADDRESS (No. and Street or P.O. Box) 733 Bishop Street, Suite 400	FAX (808) 599-8342	
	EMAIL n/a	
(City) Honolulu	(State) Hawaii	(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 <input type="checkbox"/> Additional Sheet(s) Attached	
	\$0		
		TOTAL \$0	

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

Fees	Amount \$0
Compensation	Amount \$0
Contributions	Amount \$0
Membership Fees	Amount \$0
<input type="checkbox"/> Check here if additional sheets 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: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. N/A	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p style="text-align: center;"></p> <p>_____ LOBBYIST SIGNATURE</p> <p style="text-align: center;"><u>1/4/19</u></p> <p>_____ DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>4TH</u> day of <u>JANUARY</u>, <u>2019</u></p> <p>By: <u>Carmela R. Gadicho</u></p> <p>_____ NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>Carmela R. Gadicho My commission expires: <u>OCTOBER 21, 2022</u></p> <p>_____ Notary Certification Statement Attached</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



NOTARY CERTIFICATION STATEMENT

Document Identification or Description: 2019 Annual Report for Gentry Investment Properties

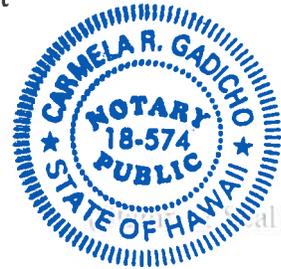
Document Date: January 4, 2019

No. of Pages: 3 (Including Notary Certification Statement)

Jurisdiction (in which notarial act is performed): First Circuit

Carmela R. Gadicho
Signature of Notary

January 4, 2019
Date of Notarization and
Certification Statement



Carmela R. Gadicho
Printed Name of Notary



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

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

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
 ETHICS COMMISSION
 RECEIVED

12-11-19

'18 DEC 21 A10:32

2018 ANNUAL REPORT

Lobbyist Annual Report
 (January 1 – December 31, 2018)
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Lyons, Kenneth William		
LOBBYIST FIRM/EMPLOYER (if applicable) Wireless Policy Group LLC		TELEPHONE (206) 227-0020
MAILING ADDRESS (No. and Street or P.O. Box) 1420 NW Gilman Blvd, Suite 2 #9030 Issaquah, WA 98027		FAX (425) 483-1070
		EMAIL ken.lyons@wirelesspolicy.com
(City) Issaquah	(State) WA	(Zip Code) 98027

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) AT&T		TELEPHONE (714) 624-0943 (Carol Tagayun)
MAILING ADDRESS (No. and Street or P.O. Box) 16331 NE 72nd Way		FAX
		EMAIL ct1417@att.com
(City) Redmond	(State) WA	(Zip Code) 98052

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 <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL 0	

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

Fees	Amount 0
Compensation	Amount \$120
Contributions	Amount 0
Membership Fees	Amount 0
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

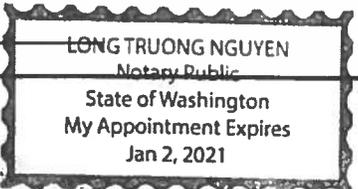
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input 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 checked="" type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. <u>18-273</u> Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. Resolution 2018-273	Outcome: Passed	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p></p> <p>LOBBYIST SIGNATURE</p> <p>12/7/2018</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>7th</u> day of <u>DEC</u> <u>2018</u>.</p> <p>By: <u>Long Truong Nguyen</u></p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>Jan 2, 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/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
 ETHICS COMMISSION
 RECEIVED

32-11-19

'18 NOV 29 P12:28

ANNUAL REPORT

Lobbyist Annual Report
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Lyons, Timothy L.		TELEPHONE (808) 537-4308
MAILING ADDRESS (Street) 1188 Bishop St., Ste. 1003		FAX (808) 533-2739
		EMAIL timllyons@cs.com
(City) Honolulu	(State) HI	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) TLC-The Legislative Center		TELEPHONE (808) 537-4308
MAILING ADDRESS (No. and Street or P.O Box) 1188 Bishop St., Ste. 1003		FAX (808) 533-2739
		EMAIL timllyons@cs.com
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Anheuser-Busch Companies		TELEPHONE (916)442-2600
MAILING ADDRESS (No. and Street or P.O Box) 1201 K Street Ste. 730		FAX (314)256-6872
		EMAIL melissa.ameluxen@anheuser-bu
(City) Sacramento	(State) CA	(Zip Code) 95817

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 \$2000.00
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

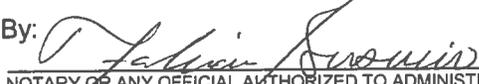
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

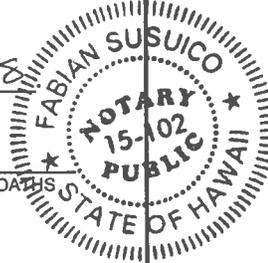
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input 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. Liquor Legislation	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 11/26/18 DATE	Subscribed and sworn to before me This 26 th day of November, 2018 By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: 03/15/2019
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



NOTARY CERTIFICATE ON NEXT PAGE

State of Hawaii)

) SS:

City & County of Honolulu)

On this 26th day of November, in the year of 2018, before me, Fabian Susuico, personally appeared

(month)

(year)

Timothy L. Lyons

(insert name(s) and title(s) of person(s) whose signature(s) is/are being notarized)

personally known to me (or provided to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to this

3 page, Lobbyist Annual Report (including notary certificate)

(# of pages)

(document description)

dated 11/26/2018 and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies),

(date of document)

and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

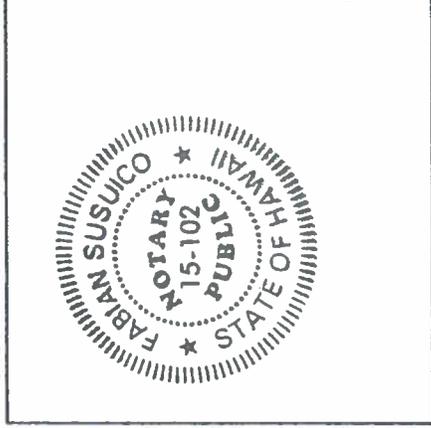
Fabian Susuico
(signature of notary)

Fabian Susuico

Notary Public, State of Hawaii

My commission Expires: March 15, 2019

Judicial Circuit: First Circuit Hawaii



(This area is for Official Notarial Seal)



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

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

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
 ETHICS COMMISSION
 RECEIVED

'19 MAR 28 A9:46

DW 4.30.19

2018 ANNUAL REPORT

Lobbyist Annual Report
 (January 1 – December 31, 2018)
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) MacPherson, Christy, K		
LOBBYIST FIRM/EMPLOYER (if applicable) Faith Action for Community Equity		TELEPHONE 808-554-3833
MAILING ADDRESS (No. and Street or P.O. Box) PO Box 235950		FAX
		EMAIL director@faithactionhawaii.org
(City) Honolulu	(State) HI	(Zip Code) 96823

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

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 <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL \$0	

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

Fees	Amount	\$0
Compensation	Amount	\$234
Contributions	Amount	\$0
Membership Fees	Amount	\$0
<input type="checkbox"/> Check here if additional sheets 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 type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. Bill 58 (2018) ^{JP}	Outcome: Passed	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 03/27/19 DATE	Subscribed and sworn to before me This <u>27th</u> day of <u>March</u> , <u>2019</u> . By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS Notary Public My commission expires: <u>9/9/21</u>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Doc Date: 3/27/19 # Pages 2

Notary Name: Donna Mendes First Circuit

Doc. Description 2018 Annual Report

 3/27/19
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/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
 ETHICS COMMISSION
 RECEIVED

2-11-19

'19 JAN 10 P5:13

2018 ANNUAL REPORT

Lobbyist Annual Report
 (January 1 – December 31, 2018)
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Magana, Andrew		
LOBBYIST FIRM/EMPLOYER (if applicable) Uber Technologies, Inc. and Affiliates		TELEPHONE 202-794-7387
MAILING ADDRESS (No. and Street or P.O. Box) 615 Piikoi St, #402		FAX
		EMAIL andrewm@uber.com
(City) Honolulu	(State) HI	(Zip Code) 96814

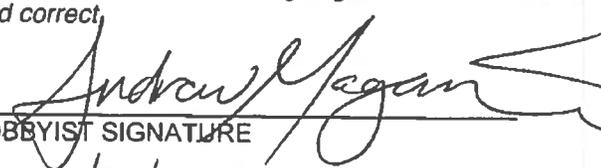
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Uber Technologies, Inc. and Affiliates		TELEPHONE 202-794-7387
MAILING ADDRESS (No. and Street or P.O. Box) 1455 Market Street, 4th Floor		FAX
		EMAIL daviswhite@uber.com
(City) San Francisco	(State) CA	(Zip Code) 94103

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 <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL \$0	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING	
Fees	Amount 0
Compensation	Amount \$6,000
Contributions	Amount 0
Membership Fees	Amount 0
<input type="checkbox"/> Check here if additional sheets 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: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)			
1. Transportation Network Com	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION	
<i>I hereby certify that the foregoing statements are true and correct.</i>  LOBBYIST SIGNATURE DATE <u>1/10/2019</u>	Subscribed and sworn to before me This <u>10th</u> day of <u>January</u> , 2019. By:  <u>Jason Mason, Notary Public</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>3-5-22</u>

Rev. 11/2018

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





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

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

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
 ETHICS COMMISSION
 RECEIVED

82-11-19

'19 JAN 14 P 1:03

2018 ANNUAL REPORT

Lobbyist Annual Report
 (January 1 – December 31, 2018)
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Malinoski, Jodi, Lilia Aiko		
LOBBYIST FIRM/EMPLOYER (if applicable) Sierra Club of Hawaii		TELEPHONE 808-538-6616
MAILING ADDRESS (No. and Street or P.O. Box) PO Box 2577		FAX
		EMAIL jodi.malinoski@sierraclub.org
(City) Honolulu	(State) HI	(Zip Code) 96803

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Sierra Club of Hawaii		TELEPHONE 808-538-6616
MAILING ADDRESS (No. and Street or P.O. Box) PO Box 2577		FAX
		EMAIL hawaii.chapter@sierraclub.org
(City) Honolulu	(State) HI	(Zip Code) 96803

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount \$240	Receptions, Meals, Food & Beverages	Amount \$0
Preparation & Distribution of Lobbying Materials	Amount \$0	Media Advertising	Amount \$0
Entertainment & Events	Amount \$500	Other <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL \$740	

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

Fees	Amount 0
Compensation	Amount \$7600
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets 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: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): Budget bills, Land use Ordinance comments (Dept. of Planning & Permitting)		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. Bill 1 (2017)	Outcome: reintroduced as Bill 1 (2019)	4. Reso 18-266	Outcome: in progress
2. Bill 15 (2018)	Outcome: passed	5.	Outcome:
3. Bill 16 (2018)	Outcome: passed	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p style="text-align: center;"></p> <p><u>Julie A. Kojima</u> LOBBYIST SIGNATURE</p> <p><u>1/9/19</u> DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>9th</u> day of <u>JANUARY</u> 2019.</p> <p>By: <u>Julie</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS Julie A. Kojima</p> <p>My commission expires: <u>APR 01 2021</u></p> <p style="text-align: right;"># Pages: <u>2</u></p> <p>Doc. Date: <u>JAN 09 2019</u> Notary Name: <u>Julie A. Kojima</u> <u>1st</u> Circuit Doc. Description: <u>2019 Annual Report</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/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
 ETHICS COMMISSION
 RECEIVED

Jan. 14. 19

'19 JAN 10 P12 :29

2018 ANNUAL REPORT

Lobbyist Annual Report
 (January 1 – December 31, 2018)
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) MARCUS, KENNETH B.		
LOBBYIST FIRM/EMPLOYER (if applicable) STARN O'TOOLE MARCUS & FISHER		TELEPHONE (808) 537-6100
MAILING ADDRESS (No. and Street or P.O. Box) 733 BISHOP STREET, SUITE 1900		FAX (808) 537-5434
		EMAIL kmarcus@starnlaw.com
(City) HONOLULU	(State) HAWAII	(Zip Code) 96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) PARK HOTELS & RESORTS INC.		TELEPHONE (571) 302-5757
MAILING ADDRESS (No. and Street or P.O. Box) 1775 TYSONS BLVD., 7TH FLOOR		FAX
		EMAIL
(City) TYSONS	(State) VIRGINIA	(Zip Code) 22102

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 <input type="checkbox"/> Additional Sheet(s) Attached	
	0		
		TOTAL 0	

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

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

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1.	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) 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>January 8, 2019</u></p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>8th</u> day of <u>January</u>, <u>2019</u>.</p> <p>By: <u>J. Hlakani</u></p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>9-9-19</u></p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

NOTARY CERTIFICATION STATEMENT

Doc. Date: 1-8-2019 Undated at time of notarization

Document Description: Honolulu Ethics Commission - 2018 Annual Report (Kenneth B. Marcus)

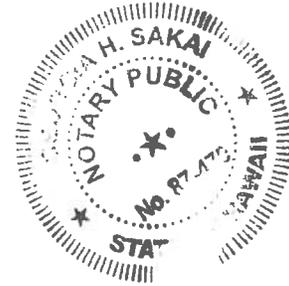
No. of Pages: 3

Jurisdiction: First Judicial Circuit
Honolulu, Hawaii

Georgia H. Sakai
Signature of Notary

1-8-2019
Date of Notarization and
Certification Statement

GEORGIA H. SAKAI
Printed Name of Notary



(Official Stamp or Seal)



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

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

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
 ETHICS COMMISSION
 RECEIVED

93-26-19

'19 JAN 10 P 4 :03

2018 ANNUAL REPORT

Lobbyist Annual Report
 (January 1 – December 31, 2018)
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Marrone, Gladys Quinto		
LOBBYIST FIRM/EMPLOYER (if applicable) Building Industry Association of Hawaii		TELEPHONE 808-847-4666
MAILING ADDRESS (No. and Street or P.O. Box) 94-487 Akoki Street Suite 213		FAX
		EMAIL gqm@biahawaii.org
(City) Waipahu	(State) HI	(Zip Code) 96797

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Building Industry Association of Hawaii		TELEPHONE 808-847-4666
MAILING ADDRESS (No. and Street or P.O. Box) 94-487 Akoki Street Suite 213		FAX
		EMAIL gqm@biahawaii.org
(City) Waipahu	(State) HI	(Zip Code) 96797

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
	0		\$100
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
	\$100		\$5,000
Entertainment & Events	Amount	Other <input type="checkbox"/> Additional Sheet(s) Attached	
	\$200		
TOTAL		\$5,400 ⁰⁰	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING	
Fees	Amount
Compensation	Amount \$6,100 ⁰⁰
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets 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: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)			
1. Bill 64 (2018) ^{JP}	Outcome: passed	4. Bill 71 (2018) ^{JP}	Outcome: in Zoning
2. Reso 18-208	Outcome: passed	5.	Outcome:
3. Bill 50 (2018) ^{JP}	Outcome: postponed	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION	
<p>I hereby certify that the foregoing statements are true and correct.</p>  <p>LOBBYIST SIGNATURE</p> <p>1.10.19</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This 10th day of January, 2019.</p> <p>By:  MaPatricia Aguirre</p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: DEC 20 2019</p>

HAWAII JURAT WITH AFFIANT STATEMENT

State of Hawaii

County of Honolulu

} ss.

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

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

Signature of Signer No. 1

Signature of Signer No. 2 (if any)

This 2 page 2018 Annual Report Lobbyist Annual Report
 No. of Pages Description of Document
 dated JAN 10 2019 was subscribed and sworn
 Document Date

to before me this 10th day of January, 2019, in the
 1st Day Month Year

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

Gladys Quinto Marrone (.) (.)
 Name of Signer No. 1

(and

- N/A -

Name of Signer No. 2, if any



Signature of Notary

JAN 10 2019

Date

MaPatricia Aguirre

Printed Name of Notary

Place Notary Seal or Stamp Above

My commission expires: DEC 20 2019



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

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

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
 ETHICS COMMISSION
 RECEIVED

01-14-19

'19 JAN 10 P 4:59

2018 ANNUAL REPORT

Lobbyist Annual Report
 (January 1 – December 31, 2018)
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Maruyama, Lisa T.		
LOBBYIST FIRM/EMPLOYER (if applicable) Hawaii Alliance of Nonprofit Organizations (HANO)		TELEPHONE (808) 529-0454
MAILING ADDRESS (No. and Street or P.O. Box) 1020 South Beretania Street, 2nd Floor		FAX
		EMAIL lmaruyama@hano-hawaii.org
(City) Honolulu	(State) Hawaii	(Zip Code) 96814

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Alliance of Nonprofit Organizations (HANO)		TELEPHONE (808) 529-0466
MAILING ADDRESS (No. and Street or P.O. Box) 1020 South Beretania Street, 2nd Floor		FAX
		EMAIL lmaruyama@hano-hawaii.org
(City) Honolulu	(State) Hawaii	(Zip Code) 96814

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
	0		0
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
	0		0
Entertainment & Events	Amount	Other <input type="checkbox"/> Additional Sheet(s) Attached	
	0		
		TOTAL 0	

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

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

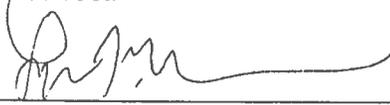
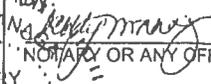
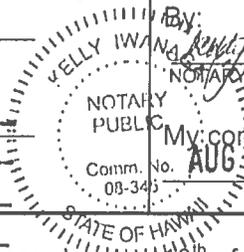
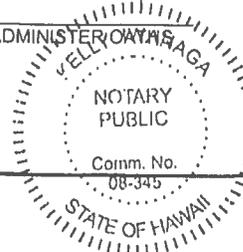
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1.	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE		Subscribed and sworn to before me This 10 th day of January, 2019. By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS	
1/10/19	Doc. Description: 2018 Annual Report	My commission expires: AUG 24 2020	
DATE	Doc. Date: JAN 10 2019	No. Pages: 2	
Notary Printed Name: Kelly Iwanaga Notary Title: First		Deadline: January 10 th of Each Year NOTE: This is a public document	



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

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

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
 ETHICS COMMISSION
 RECEIVED

01-14-19

'19 JAN -9 P2:25

2018 ANNUAL REPORT

Lobbyist Annual Report
 (January 1 – December 31, 2018)
 (Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) (First) (Middle) Masatsugu, Jeffrey			
LOBBYIST FIRM/EMPLOYER (if applicable) JM Consulting LLC		TELEPHONE (808) 554-3406	
MAILING ADDRESS (No. and Street or P.O. Box) P.O. Box 22534		FAX	
		EMAIL jmas808@gmail.com	
(City) Honolulu	(State) HI	(Zip Code) 96823	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Carpet, Linoleum and Soft Tile Local Union 1926 Market Recovery Trust Fun		TELEPHONE (808) 523-9411	
MAILING ADDRESS (No. and Street or P.O. Box) c/o Group Plan Administrators 222 S. Vineyard St., PH#4		FAX	
		EMAIL	
(City) Honolulu	(State) HI	(Zip Code) 96813	

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0	Receptions, Meals, Food & Beverages	Amount 0
Preparation & Distribution of Lobbying Materials	Amount 0	Media Advertising	Amount 0
Entertainment & Events	Amount 0	Other <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL 0	

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

Fees	Amount 0
Compensation	Amount \$11,250.00
Contributions	Amount 0
Membership Fees	Amount 0
<input type="checkbox"/> Check here if additional sheets attached	<input checked="" type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. Reso 18-248	Outcome: passed	4.	Outcome:
2. Bill 42 (2017)	Outcome: passed	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) 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; margin-left: 20px;"><i>[Signature]</i></p> <p>LOBBYIST SIGNATURE</p> <p style="font-size: 1.5em; margin-left: 20px;"><i>[Date]</i></p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>9</u> day of <u>January</u>, <u>2019</u>.</p> <p>By: <i>[Signature]</i></p> <p style="text-align: center;">NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS. DEBRA R. WILSON</p> <p>My commission expires: <u>09-25-2020</u></p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



Notary Certificate on Back

Doc. Date: 1-9-19 Pages: 2
Name: Debra R. Wilson First Circuit
Doc. Description: Annual Report -
2018 - Lobbyist
Debra R Wilson 1-9-19
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/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
 ETHICS COMMISSION
 RECEIVED

Cy 14 19
 '19 JAN -9 P 2 :25

2018 ANNUAL REPORT

Lobbyist Annual Report
 (January 1 – December 31, 2018)
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Masatsugu, Jeffrey		
LOBBYIST FIRM/EMPLOYER (if applicable) JM Consulting LLC		TELEPHONE (808) 554-3406
MAILING ADDRESS (No. and Street or P.O Box) P.O. Box 22534		FAX
		EMAIL jmas808@gmail.com
(City) Honolulu	(State) HI	(Zip Code) 96823

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Tapers Market Recovery Trust Fund		TELEPHONE (808) 523-9411
MAILING ADDRESS (No. and Street or P.O. Box) c/o Group Plan Administrators 222 S. Vineyard St., PH#4		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0	Receptions, Meals, Food & Beverages	Amount 0
Preparation & Distribution of Lobbying Materials	Amount 0	Media Advertising	Amount 0
Entertainment & Events	Amount 0	Other <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL 0	

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

Fees	Amount 0
Compensation	Amount \$11,250.00
Contributions	Amount 0
Membership Fees	Amount 0
<input type="checkbox"/> Check here if additional sheets attached	<input checked="" type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. Reso 18-248	Outcome: passed	4.	Outcome:
2. Bill 42 (2017)	Outcome: passed	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p style="text-align: center;"></p> <p>LOBBYIST SIGNATURE</p> <p style="text-align: center;"><u>1/8/19 1/9/19</u></p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>9</u> day of <u>January</u>, 20<u>19</u>.</p> <p>By: <u>Debra R. Wilson</u></p> <p style="text-align: center;"><small>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</small> DEBRA R. WILSON</p> <p>My commission expires: <u>04-25-2020</u></p> <p style="text-align: center;">Notary Certificate on Back</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

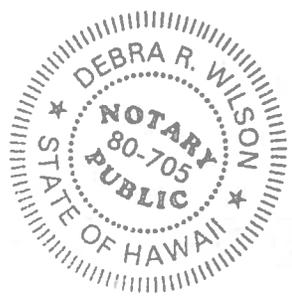


FILED
RECORDED

2019-01-09 09:11

Doc. Date: 1-9-19 Pages: 2
Name: Debra R. Wilson First Circuit
Doc. Description: 2018 Annual
Report - Lobbyist
Debra R Wilson 1-9-19
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/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
 ETHICS COMMISSION
 RECEIVED

2019-14-19

'19 JAN -9 P2:25

2018 ANNUAL REPORT

Lobbyist Annual Report
 (January 1 – December 31, 2018)
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Masatsugu, Jeffrey		
LOBBYIST FIRM/EMPLOYER (if applicable) JM Consulting LLC		TELEPHONE (808) 554-3406
MAILING ADDRESS (No. and Street or P.O. Box) P.O. Box 22534		FAX
		EMAIL jmas808@gmail.com
(City) Honolulu	(State) HI	(Zip Code) 96823

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Glass and Architectural Metal Glass Workers Local Union 1989 AFL-CIO Stabilization Trust Fund		TELEPHONE (808) 523-9411
MAILING ADDRESS (No. and Street or P.O. Box) c/o Group Plan Administrators 222 S. Vineyard St., PH#4		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0	Receptions, Meals, Food & Beverages	Amount 0
Preparation & Distribution of Lobbying Materials	Amount 0	Media Advertising	Amount 0
Entertainment & Events	Amount 0	Other <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL 0	

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

Fees	Amount 0
Compensation	Amount \$11,250.00
Contributions	Amount 0
Membership Fees	Amount 0
<input type="checkbox"/> Check here if additional sheets attached	<input checked="" type="checkbox"/> n/a

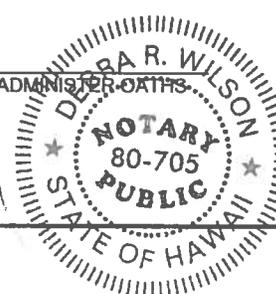
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. Reso 18-248	Outcome: passed	4.	Outcome:
2. Bill 42 (2017)	Outcome: passed	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

<p>I hereby certify that the foregoing statements are true and correct.</p> <p><i>[Signature]</i> LOBBYIST SIGNATURE</p> <p><i>1/8/19 1/9/19</i> DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>9</u> day of <u>January</u>, 20<u>19</u>.</p> <p>By: <i>Debra R. Wilson</i></p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS DEBRA R. WILSON My commission expires: <u>09-25-2020</u> Notary Certificate on Back</p> 
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Doc. Date: 1-9-19 Page: 2

Name: Debra R. Wilson First Circuit:

Doc. Description: 2018 Report
Annual - Libbyist

Debra R. Wilson 1-9-19

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/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
 ETHICS COMMISSION
 RECEIVED

81-14-19

'19 JAN -9 P 2:25

2018 ANNUAL REPORT

Lobbyist Annual Report
 (January 1 – December 31, 2018)
 (Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) (First) (Middle) Masatsugu, Jeffrey			
LOBBYIST FIRM/EMPLOYER (if applicable) JM Consulting LLC		TELEPHONE (808) 554-3406	
MAILING ADDRESS (No. and Street or P.O. Box) P.O. Box 22534		FAX	
		EMAIL jmas808@gmail.com	
(City) Honolulu	(State) HI	(Zip Code) 96823	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Painting Industry of Hawaii Labor Management Cooperation Trust Fund		TELEPHONE (808) 523-9411	
MAILING ADDRESS (No. and Street or P.O. Box) c/o Group Plan Administrators 222 S. Vineyard St., PH#4		FAX	
		EMAIL	
(City) Honolulu	(State) HI	(Zip Code) 96813	

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0	Receptions, Meals, Food & Beverages	Amount 0
Preparation & Distribution of Lobbying Materials	Amount 0	Media Advertising	Amount 0
Entertainment & Events	Amount 0	Other <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL 0	

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

Fees	Amount 0
Compensation	Amount \$10,000.02
Contributions	Amount 0
Membership Fees	Amount 0
<input type="checkbox"/> Check here if additional sheets attached	<input checked="" type="checkbox"/> n/a

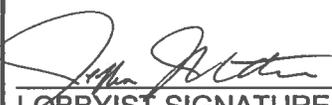
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

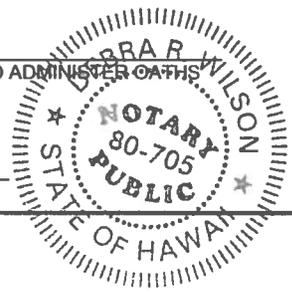
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. Reso 18-248	Outcome: passed	4.	Outcome:
2. Bill 42 (2017)	Outcome: passed	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p> LOBBYIST SIGNATURE</p> <p><u>1/9/19</u> <u>1/9/19</u> DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>9</u> day of <u>January</u>, 20<u>19</u>.</p> <p>By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS DEBRA R. WILSON My commission expires: <u>09-25-2020</u></p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



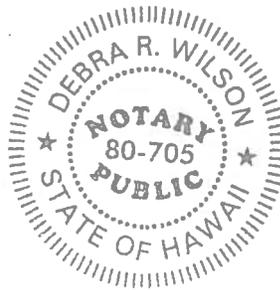
Notary Certificate on Back

NOTARY PUBLIC

NOTARY PUBLIC

Doc. Date: 1-9-19 Pages: 2
 Name: Debra R. Wilson First Circuit
 Doc. Description: 2018 Annual
Report - Lobbyist
Debra R. Wilson 1-9-19
 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/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
ETHICS COMMISSION
RECEIVED

9-7-19

'18 DEC 24 P12:13

2018 ANNUAL REPORT

Lobbyist Annual Report
(January 1 – December 31, 2018)
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) MATSUNAMI, GARRET		
LOBBYIST FIRM/EMPLOYER (if applicable) CASTLE & COOKE HOMES HAWAII, INC.		TELEPHONE (808) 548-4811
MAILING ADDRESS (No. and Street or P.O. Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL gmatsunami@castlecooke.com
(City) HONOLULU	(State) HI	(Zip Code) 96817

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) CASTLE & COOKE HOMES HAWAII, INC.		TELEPHONE (808) 548-4811
MAILING ADDRESS (No. and Street or P.O. Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL gmatsunami@castlecooke.com
(City) HONOLULU	(State) HI	(Zip Code) 96817

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
	0.00		0.00
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
	0.00		0.00
Entertainment & Events	Amount	Other <input type="checkbox"/> Additional Sheet(s) Attached	
	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 attached	<input checked="" type="checkbox"/> n/a

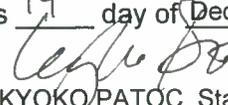
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. None	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

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



NOTARY CERTIFICATION

Kyoko Patoc, Notary Public, State of Hawaii, No. 96-313

Doc. Description: 2018 Annual Report
 Doc. Date: 12/14/18
 # Pages: 27

Notary Signature:  Date: 12/14/18



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

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

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
 ETHICS COMMISSION
 RECEIVED

04-18-19

'19 APR -9 A11 :31

2018 ANNUAL REPORT

Lobbyist Annual Report
 (January 1 – December 31, 2018)
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) WilliamHenry Kekoa McClellan		
LOBBYIST FIRM/EMPLOYER (if applicable) <i>The McClellan Group LLC</i>		TELEPHONE <i>808 393 7937^{JP}</i>
MAILING ADDRESS (No. and Street or P.O. Box) 87855 B Farrington HWY		FAX
		EMAIL <i>WekaMcClellan@gmail.com</i>
(City) Waianae	(State) HI	(Zip Code) 96792

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) American Hotel and Lodging Association		TELEPHONE 2022893100
MAILING ADDRESS (No. and Street or P.O. Box) 1250 Eye Street N.W.		FAX
		EMAIL
(City) Washington, D.C.	(State)	(Zip Code) 20005

PART III EXPENDITURES, BY TYPE					
Political Contributions	Amount	4,500.00	Receptions, Meals, Food & Beverages	Amount	0
Preparation & Distribution of Lobbying Materials	Amount	0	Media Advertising	Amount	0
Entertainment & Events	Amount	0	Other <input type="checkbox"/> Additional Sheet(s) Attached		
			TOTAL 4,500.00		

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

Fees	Amount 0
Compensation	Amount 71,313.73
Contributions	Amount 0
Membership Fees	Amount 0
<input type="checkbox"/> Check here if additional sheets attached	<input checked="" type="checkbox"/> n/a

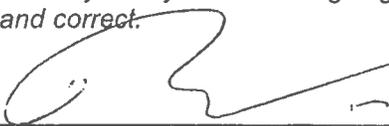
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. Bill 89	Outcome: Passed first reading	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

<p>I hereby certify that the foregoing statements are true and correct.</p>  <p>LOBBYIST SIGNATURE</p> <p>4-4-19</p> <p>DATE</p>	<p>Doc. Date: APR 4 2019</p> <p>Name: Innocencio C. Ignacio</p> <p>Doc. Description: 2018 Annual Report</p> <p>Deadline: January 10th of Each Year</p>	<p>Subscribed and sworn to before me</p> <p>This 4th day of April, 2019.</p> <p>By: Innocencio C. Ignacio</p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: Sept. 28, 2022</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/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
 ETHICS COMMISSION
 RECEIVED

4.18.19

'19 APR -9 A11 :31

2018 ANNUAL REPORT

Lobbyist Annual Report
 (January 1 – December 31, 2018)
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) WilliamHenry Kekoa McClellan		
LOBBYIST FIRM/EMPLOYER (if applicable) <i>The McClellan Group LLC</i>		TELEPHONE 808 393 7937 ^{JP}
MAILING ADDRESS (No. and Street or P.O. Box) 87855 B Farrington HWY		FAX
		EMAIL <i>W.Kecoa.McClellan@gmail.com</i>
(City) Waianae	(State) HI	(Zip Code) 96792

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Park Hotels and Resorts		TELEPHONE 5713025757
MAILING ADDRESS (No. and Street or P.O. Box) 1775 Tysons Blvd, 7th Floor		FAX
		EMAIL
(City) Tysons	(State) VA	(Zip Code) 22102

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 4,500.00	Receptions, Meals, Food & Beverages	Amount 0
Preparation & Distribution of Lobbying Materials	Amount 0	Media Advertising	Amount 0
Entertainment & Events	Amount 0	Other <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL 4,500.00	

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

Fees	Amount 0
Compensation	Amount 20,179.31
Contributions	Amount 0
Membership Fees	Amount 0
<input type="checkbox"/> Check here if additional sheets attached	<input checked="" type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

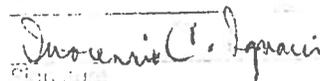
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. Bill 13	Outcome: Adopted into law	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p></p> <p>LOBBYIST SIGNATURE</p> <p>4-4-19</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>4th</u> day of <u>April</u>, 20<u>19</u>.</p> <p>By: <u>Ignacio C. Ignacio</u> Ignacio C. Ignacio</p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires:</p> <p>Exp. Date: _____</p> <p>Name: <u>Ignacio C. Ignacio</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/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
ETHICS COMMISSION
RECEIVED

12-14-19

DEC 31 P1:40

2018 ANNUAL REPORT¹⁸

Lobbyist Annual Report
(January 1 – December 31, 2018)
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) (First) (Middle) Menon, Ani Martirosian			
LOBBYIST FIRM/EMPLOYER (if applicable) Hawaiian Telcom Communications, Inc.		TELEPHONE 808.546.7334	
MAILING ADDRESS (No. and Street or P.O. Box) 1177 Bishop Street, Suite 15		FAX	
		EMAIL ani.menon@hawaiiantel.com	
(City) Honolulu	(State) HI	(Zip Code) 96813	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaiian Telcom Communications, Inc.		TELEPHONE 808.546.7334	
MAILING ADDRESS (No. and Street or P.O. Box) 1177 Bishop Street, Suite 15		FAX	
		EMAIL ani.menon@hawaiiantel.com	
(City) Honolulu	(State) HI	(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 <input type="checkbox"/> Additional Sheet(s) Attached	
		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 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: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1.	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p style="text-align: center;"></p> <p>_____ LOBBYIST SIGNATURE</p> <p style="text-align: center;">12/17/19</p> <p>_____ DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>17th</u> day of <u>December</u>, <u>2018</u>.</p> <p>By: <u>Wendolyn A. Massal</u></p> <p>_____ NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>FEB. 22, 2020</u></p> <p><i>Notary Certification on back side</i></p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



Doc. Date: 12/17/18 # Pages: 2

GWENDOLYN A. MASSIAH 1st Circuit

Doc. Description: 2018 Lobbyist Annual Report

Gwendolyn A. Massiah 12/17/18
Signature Date

NOTARY CERTIFICATION



FEB. 23, 2020



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

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

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
 ETHICS COMMISSION
 RECEIVED

91-14-19

2018 ANNUAL REPORT

Lobbyist Annual Report
 (January 1 – December 31, 2018)
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Menon, Ani Martirosian		
LOBBYIST FIRM/EMPLOYER (if applicable) Hawaiian Telcom Services Company, Inc.		TELEPHONE 808.546.7334
MAILING ADDRESS (No. and Street or P.O. Box) 1177 Bishop Street, Suite 15		FAX
		EMAIL ani.menon@hawaiiantel.com
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaiian Telcom Services Company, Inc.		TELEPHONE 808.546.7334
MAILING ADDRESS (No. and Street or P.O. Box) 1177 Bishop Street, Suite 15		FAX
		EMAIL ani.menon@hawaiiantel.com
(City) Honolulu	(State) HI	(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 <input type="checkbox"/> Additional Sheet(s) Attached		
			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 attached	<input checked="" type="checkbox"/> n/a

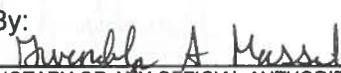
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<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: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1.	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) 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>12/17/18 _____ DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>17th</u> day of <u>December</u>, <u>2018</u>.</p> <p>By:  _____ NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>FEB. 22, 2020</u> _____ Notary Certification on back side</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



Doc. Date: 12/17/18 # Pages: 2
NGWENDOLYN A. MASSIAH 1st Circuit
Doc. Description: 2018 Lobbyist Annual Report

Gwendolyn A. Massiah 12/17/18
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/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
 ETHICS COMMISSION
 RECEIVED

97.14.19

2018 ANNUAL REPORT

Lobbyist Annual Report
 (January 1 – December 31, 2018)
 (Type or Print Clearly)

DEC 31 P 1:41

PART I LOBBYIST		
NAME (Last) (First) (Middle) Menon, Ani Martirosian		
LOBBYIST FIRM/EMPLOYER (if applicable) Hawaiian Telcom, Inc.		TELEPHONE 808.546.7334
MAILING ADDRESS (No. and Street or P.O. Box) 1177 Bishop Street, Suite 15		FAX
		EMAIL ani.menon@hawaiiantel.com
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaiian Telcom, Inc.		TELEPHONE 808.546.7334
MAILING ADDRESS (No. and Street or P.O. Box) 1177 Bishop Street, Suite 15		FAX
		EMAIL ani.menon@hawaiiantel.com
(City) Honolulu	(State) HI	(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 <input type="checkbox"/> Additional Sheet(s) Attached		
			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 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: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1.	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p style="font-size: 1.2em; font-family: cursive;">Ari Mant...</p> <p>LOBBYIST SIGNATURE</p> <p style="font-size: 1.2em; font-family: cursive;">12/17/18</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>17th</u> day of <u>December</u>, <u>2018</u>.</p> <p>By: <u>Gwendolyn A. Hassell</u></p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires:</p> <p style="font-weight: bold; font-size: 1.1em;">FEB. 22, 2020</p> <p style="font-style: italic;">Notary Certification on back side</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



Doc. Date: 12/17/18 # Pages: 2
Name: GWENDOLYN A. MASSIAH 1st Circuit
Doc. Description: 2018 Lobbyist Annual Report

Gwendolyn A. Massiah 12/17/18
Signature Date

NOTARY CERTIFICATION



FEB. 25, 2020



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

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

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
 ETHICS COMMISSION
 RECEIVED

31.14.19
 '19 JAN -9 P1:19

2018 ANNUAL REPORT

Lobbyist Annual Report
 (January 1 – December 31, 2018)
 (Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) (First) (Middle) Middlebrook, Matt			
LOBBYIST FIRM/EMPLOYER (if applicable) N/A		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) 94901	

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 airbnbinc@nmgovlaw.com	
(City) San Rafael	(State) CA	(Zip Code) 94901	

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount \$1,000.00	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 <input type="checkbox"/> Additional Sheet(s) Attached Travel: \$17,785.06	
		TOTAL \$18,785.06	

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

Fees	Amount 0.00
Compensation	Amount \$3,822.00
Contributions	Amount 0.00
Membership Fees	Amount 0.00
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. Short-Term Rental Legislation	Outcome: Adoption of Short-Term Rental Legislation	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE DATE 1/7/19	Subscribed and sworn to before me This ____ day of _____, _____. By: NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: - PLEASE SEE ATTACHED
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



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

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

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
 ETHICS COMMISSION
 RECEIVED

82-11-19

'19 JAN 29 AIO :35

2018 ANNUAL REPORT

Lobbyist Annual Report
 (January 1 – December 31, 2018)
 (Type or Print Clearly)

PART I LOBBYIST

NAME (Last) (First) (Middle)

Mierzwa, Peggy HF

LOBBYIST FIRM/EMPLOYER (if applicable)

Blue Zones Project - Hawaii

TELEPHONE

808-284-8569

MAILING ADDRESS (No. and Street or P.O Box)

1453 Akuleana Pl

FAX

EMAIL

peggy.mierzwa@sharecare.com

(City)

Kailua

(State)

HI

(Zip Code)

96734

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

Blue Zones Project - Hawaii

TELEPHONE

808-225-6105

MAILING ADDRESS (No. and Street or P.O. Box)

1182 Punua

FAX

EMAIL

(City)

Kailua

(State)

HI

(Zip Code)

96734

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 <input type="checkbox"/> Additional Sheet(s) Attached		
			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 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 checked="" 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: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1.	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

NOTARY PUBLIC CERTIFICATION
 Beth Stuckman
 Doc. Description: 2018 Annual Report
 No. of pages: 12
 Date of Doc. Audited: 12/21/18
 Notary Signature: Beth Stuckman
 Date: 12/21/18
 First Judicial Circuit

PART VII LOBBYIST CERTIFICATION

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

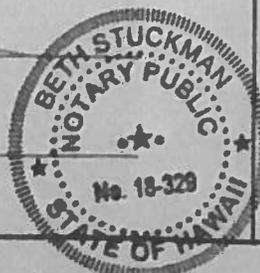
Subscribed and sworn to before me

This 21 day of December, 2018.

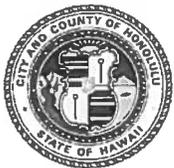
By: Beth Stuckman
 NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires: 06/24/22

LOBBYIST SIGNATURE: [Signature]
 DATE: December 21, 2018



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



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

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

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
ETHICS COMMISSION
RECEIVED

21-7-19

'18 DEC 24 P12:13

2018 ANNUAL REPORT

Lobbyist Annual Report
(January 1 – December 31, 2018)
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) MIRIKITANI, RICHARD K.		
LOBBYIST FIRM/EMPLOYER (if applicable) CASTLE & COOKE HOMES HAWAII, INC.		TELEPHONE (808) 548-4811
MAILING ADDRESS (No. and Street or P.O. Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL rmirikitani@castlecooke.com
(City) HONOLULU	(State) HI	(Zip Code) 96817

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) CASTLE & COOKE HOMES HAWAII, INC.		TELEPHONE (808) 548-4811
MAILING ADDRESS (No. and Street or P.O. Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL rmirikitani@castlecooke.com
(City) HONOLULU	(State) HI	(Zip Code) 96817

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
	0.00		0.00
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
	0.00		0.00
Entertainment & Events	Amount	Other <input type="checkbox"/> Additional Sheet(s) Attached	
	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 attached	<input checked="" type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

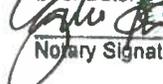
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. None	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p></p> <p>LOBBYIST SIGNATURE</p> <p>DEC 13 2018</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This _____ day of December, 2018.</p> <p>By: </p> <p>KYOKO PATOC, State of Hawaii</p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: June 14, 2020</p> <p>NO. _____</p> <p>NO. _____</p> <p>NO. _____</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Kyoko Pater
 Doc. Description: 
 Doc. Date: 
 # Page: 
 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/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
 ETHICS COMMISSION
 RECEIVED

21-7-19

'18 DEC 24 P12:13

2018 ANNUAL REPORT

Lobbyist Annual Report
 (January 1 – December 31, 2018)
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) MIRIKITANI, RICHARD K.		
LOBBYIST FIRM/EMPLOYER (if applicable) CASTLE & COOKE HOMES HAWAII, INC.		TELEPHONE (808) 548-4811
MAILING ADDRESS (No. and Street or P.O. Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL rmirikitani@castlecooke.com
(City) HONOLULU	(State) HI	(Zip Code) 96817

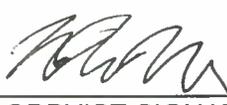
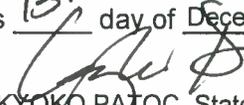
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) CASTLE & COOKE PROPERTIES, INC.		TELEPHONE (808) 548-4811
MAILING ADDRESS (No. and Street or P.O. Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL rmirikitani@castlecooke.com
(City) HONOLULU	(State) HI	(Zip Code) 96817

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
	0.00		0.00
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
	0.00		0.00
Entertainment & Events	Amount	Other <input type="checkbox"/> Additional Sheet(s) Attached	
	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 attached	<input checked="" type="checkbox"/> n/a

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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)			
1. None	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION	
<i>I hereby certify that the foregoing statements are true and correct.</i>  _____ LOBBYIST SIGNATURE DEC 13 2018 _____ DATE	Subscribed and sworn to before me. This <u>13th</u> day of <u>December</u> , 2018. By:  KYOKO PATOC, State of Hawaii NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: June 14, 2020 NOTARY CERTIFICATION Kyoko Patoc, First Judicial Circuit No. 96-313 Doc. Description: 2018 Annual Report Doc. Date: 12/13/18 # Pages: 5 Notary Signature:  / Date: 12/13/18



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

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

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
 ETHICS COMMISSION
 RECEIVED

21-7-19

'18 DEC 24 P12:13

2018 ANNUAL REPORT

Lobbyist Annual Report
 (January 1 – December 31, 2018)
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) MIRIKITANI, RICHARD K.		
LOBBYIST FIRM/EMPLOYER (if applicable) CASTLE & COOKE HOMES HAWAII, INC.		TELEPHONE (808) 548-4811
MAILING ADDRESS (No. and Street or P.O. Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL rmirikitani@castlecooke.com
(City) HONOLULU	(State) HI	(Zip Code) 96817

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) CASTLE & COOKE, INC.		TELEPHONE (808) 548-4811
MAILING ADDRESS (No. and Street or P.O. Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL rmirikitani@castlecooke.com
(City) HONOLULU	(State) HI	(Zip Code) 96817

PART III EXPENDITURES, BY TYPE					
Political Contributions	Amount	0.00	Receptions, Meals, Food & Beverages	Amount	0.00
Preparation & Distribution of Lobbying Materials	Amount	0.00	Media Advertising	Amount	0.00
Entertainment & Events	Amount	0.00	Other <input type="checkbox"/> Additional Sheet(s) Attached		
			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 attached	<input checked="" type="checkbox"/> n/a

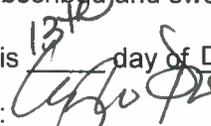
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

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

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. None	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p style="text-align: center;"></p> <p>LOBBYIST SIGNATURE</p> <p style="text-align: center;">DEC 13 2018</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>13th</u> day of December, 2018</p> <p>By: </p> <p style="text-align: center;">KYOKO PATOC, State of Hawaii</p> <p style="text-align: center;"><small>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</small></p> <p>My commission expires: June 14, 2020</p> <p style="text-align: center;">NOTARY CERTIFICATION</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



Kyoko Patoc
Doc. Description: 2018 Annual Report
Doc. Date: 12/13/18
Notary Signature: 
Date: 12/13/18



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

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

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
ETHICS COMMISSION
RECEIVED

03/18/19

19 MAR 20 P3:11

2018 ANNUAL REPORT

Lobbyist Annual Report
(January 1 – December 31, 2018)
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) (First) (Middle) Morris, George "Red" A.			
LOBBYIST FIRM/EMPLOYER (if applicable) 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) 533-4601	
		EMAIL gammorrisinc@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@americanchemistry.com	
(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 <input type="checkbox"/> Additional Sheet(s) Attached	
		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 attached	<input type="checkbox"/> n/a

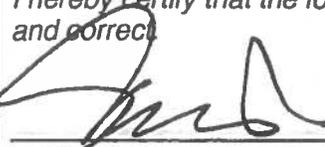
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

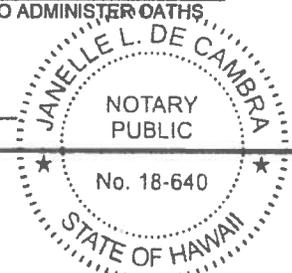
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input 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: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): Bills 17-71, 17-73 17-108, 18-92		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. Bill 17-71	Outcome: Deferred	4. Bill 18-92	Outcome: Introduced
2. Bill 17-73	Outcome: Deferred	5.	Outcome:
3. Bill 17-108	Outcome: Deferred	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE DATE <u>3/20/19.</u> Doc. Date: <u>3/20/19</u> # Pages <u>1</u> Notary Name: <u>Janelle L. DeCombra</u> First Circuit	Subscribed and sworn to before me This <u>20th</u> day of <u>March</u> , <u>2019</u> By: <u>Janelle L DeCombra</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>NOV 25, 2022</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
 HONOLULU
 ETHICS COMMISSION
 RECEIVED
 92-11-19
 '19 JAN 10 P 4:03

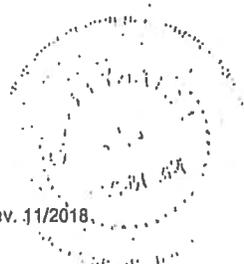
2018 ANNUAL REPORT

Lobbyist Annual Report
 (January 1 – December 31, 2018)
 (Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) (First) (Middle) Murakami, Jaylen			
LOBBYIST FIRM/EMPLOYER (if applicable) Hawaii public Health Institute		TELEPHONE (808) 591-6508	
MAILING ADDRESS (No. and Street or P.O Box) 850 Richards Street, Suite 201		FAX N/A	
		EMAIL jaylen@hphl.org	
(City) Honolulu	(State) HI	(Zip Code) 96813	

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 Street, Suite 201		FAX N/A	
		EMAIL contact@hphl.org	
(City) Honolulu	(State) HI	(Zip Code) 96813	

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other <input type="checkbox"/> Additional Sheet(s) Attached	
		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 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 type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1.	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

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



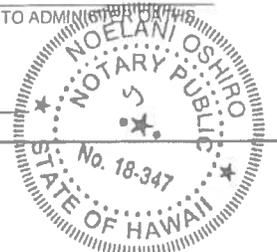
 LOBBYIST SIGNATURE
 11/8/19

 DATE

Subscribed and sworn to before me
 This 8 day of JANUARY, 2019.
 By:  NOELANI OSHIRO

 My commission expires:
 6/24/22

NO PARTY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER THIS



STATE OF HAWAII)

CITY & COUNTY OF HONOLULU) SS.

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME THIS 8 DAY OF JANUARY, 2019,

IN THE FIRST CIRCUIT OF THE STATE OF HAWAII, BY JAYLEN MURAKAMI.



Notary's Printed Name: Noelani Oshiro
Notary Public, State of Hawaii

My Commission Expires: 06/22/2022
24



STATE OF HAWAII NOTARY CERTIFICATION

Doc. Description: 2018 ANNUAL REPORT

First Judicial Circuit

Date of Document: 1/8/19

Pages: 3



Date of Notarization: 1/8/19

Notary Public Signature
Print Name: **Noelani Oshiro**
Notary Public, State of Hawaii, First Circuit

