



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

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 Email: [ethics@honolulu.gov](mailto:ethics@honolulu.gov)  
 Website: <http://www.honolulu.gov/ethics/>

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HONOLULU  
 ETHICS COMMISSION  
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## 2020 REGISTRATION

Lobbyist Registration  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Anukoolthamchote, Pam Chasuta		
LOBBYIST FIRM/EMPLOYER (if applicable) Elemental Excelerator		TELEPHONE 808.237.5050
MAILING ADDRESS (No. and Street or P.O. Box) 1099 Alakea St #1250		FAX
		EMAIL <a href="mailto:policy@elementalexcelerator.com">policy@elementalexcelerator.com</a>
(City) Honolulu	(State) HI	(Zip Code) 96813

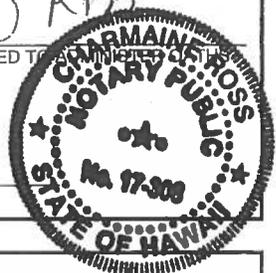
PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Elemental Excelerator		TELEPHONE 808.237.5050
MAILING ADDRESS (No. and Street or P.O. Box) 1099 Alakea St #1250		FAX
		EMAIL <a href="mailto:policy@elementalexcelerator.com">policy@elementalexcelerator.com</a>
(City) Honolulu	(State) HI	(Zip Code) 96813
ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)		<input checked="" type="checkbox"/> Not Applicable
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		<input checked="" type="checkbox"/> Not Applicable

PART II.B NO LONGER LOBBYING	
<input type="checkbox"/> I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE

### PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

<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 IV LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p></p> <p>LOBBYIST SIGNATURE</p> <p>6/17/2020</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>17th</u> day of <u>June</u>, 2020.</p> <p>By: <u>Charminn Rios</u></p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>7/25/2021</u></p> 
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### PART V AUTHORIZATION TO LOBBY

NAME Tiffany Huynh		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Director of External Relations	
NAME OF ORGANIZATION (if applicable) Elemental Exclerator		TELEPHONE (808) 237-5050	
MAILING ADDRESS (No. and Street or P.O Box) 1099 Alakea St. #1250		FAX	
		EMAIL policy@elementalexclerator.com	
(City) Honolulu	(State) HI	(Zip Code) 96813	
<p><i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i></p> <p> _____</p> <p>(Signature of Authorizing Officer or Person Represented) _____ (Date) <u>06/15/2020</u></p>			