



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

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

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 ETHICS COMMISSION
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2019 REGISTRATION

Lobbyist Registration
 (Type or Print Clearly)

| | | |
|--|-----------------------------|--|
| PART I LOBBYIST | | |
| NAME (Last) (First) (Middle) Coppa, Bruce | | |
| 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 bruce.coppa@808cch.com |
| (City) Honolulu | (State) HI | (Zip Code) 96813 |

| | | |
|--|------------|--|
| PART II.A 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) 2350 Kerner Blvd., Suite 250 | | FAX (415) 388-6874 |
| | | EMAIL airbnb@nmgovlaw.com |
| (City) San Rafael | (State) CA | (Zip Code) 94901 |
| 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 |

Doc. Date: JAN 18 2019 # Pages 2

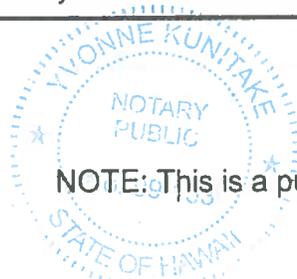
Notary Name: Yvonne Kunitake First Circuit

Doc. Description 2019 Registration

Lobbyist Registration

Yvonne Kunitake JAN 18 2019

Notary Signature Date



NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

| | | |
|--|--|--|
| <input type="checkbox"/> Business & Economic Development | <input type="checkbox"/> Community Services | <input type="checkbox"/> Customer Services |
| <input type="checkbox"/> Culture & Arts | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Works, Infrastructure & Sustainability |
| <input type="checkbox"/> Parks & Recreation | <input type="checkbox"/> Public Health, Safety & Welfare | <input checked="" type="checkbox"/> Tourism |
| <input type="checkbox"/> Transportation | <input checked="" type="checkbox"/> Zoning & Planning | <input type="checkbox"/> Specific Legislation: <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><u><i>BAJ</i></u> LOBBYIST SIGNATURE</p> <p><u><i>1/18/19</i></u> DATE</p> | <p>Subscribed and sworn to before me</p> <p>This ____ day of <u>JAN 18 2019</u></p> <p>By: <u><i>Yvonne Kuni</i></u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u><i>04/11/2019</i></u></p> |
|--|--|

PART V AUTHORIZATION TO LOBBY

| | | |
|---|--|--|
| NAME Joel Aurora | | TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Designated agent for filer |
| NAME OF ORGANIZATION (if applicable) Airbnb, Inc. | | TELEPHONE (415) 389-6800 |
| MAILING ADDRESS (No. and Street or P.O. Box) 2350 Kerner Blvd., Ste. 250 | | FAX (415) 388-6874 |
| (City) San Rafael (State) CA | | EMAIL <u>airbnb@nmgovlaw.com</u> |
| (City) San Rafael (State) CA | | (Zip Code) 94901 |
| <i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i> | | |
| <u><i>JA</i></u> (Signature of Authorizing Officer or Person Represented) | | <u><i>1/8/19</i></u> (Date) |



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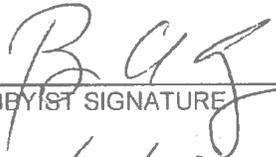
2019 REGISTRATION
 Lobbyist Registration
 (Type or Print Clearly)

| | | |
|--|------------------|--|
| PART I LOBBYIST | | |
| NAME (Last) (First) (Middle) Coppa, Bruce | | |
| 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 |
| (City) Honolulu | | EMAIL bruce.coppa@808cch.com |
| (State) HI | (Zip Code) 96813 | |

| | | |
|--|------------------|--|
| PART II.A 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 |
| (City) Sacramento | | EMAIL Tim_Shestek@americanchemistry.com |
| (State) CA | (Zip Code) 95814 | |
| ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members) 150 <input type="checkbox"/> Not Applicable | | |
| METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS Policies are developed by a committee of company representatives <input 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 type="checkbox"/> Housing | <input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability |
| <input checked="" type="checkbox"/> Parks & Recreation | <input type="checkbox"/> Public Health, Safety & Welfare | <input type="checkbox"/> Tourism |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Zoning & Planning | <input type="checkbox"/> Specific Legislation: <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 | |
|--|--|
| <i>I hereby certify that the foregoing statements are true and correct.</i>  LOBBYIST SIGNATURE DATE <u>1/11/19</u> | Subscribed and sworn to before me This ____ day of <u>JAN 11 2019</u> , ____ By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>04/11/2019</u> |

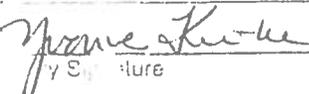
| PART V AUTHORIZATION TO LOBBY | | |
|--|--|--|
| NAME Tim Shestek | TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Director, State Affairs Grassroots | |
| NAME OF ORGANIZATION (if applicable) American Chemistry Council | TELEPHONE (415) 389-6800 | |
| MAILING ADDRESS (No. and Street or P.O. Box) 1121 L Street, Suite 609 | FAX (415) 388-6874 | EMAIL Tim_Shestek@americanchemistry.com |
| (City) Sacramento | (State) CA | (Zip Code) 95814 |
| <i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>  (Signature of Authorizing Officer or Person Represented) | | |
| | | <u>1/9/19</u> (Date) |

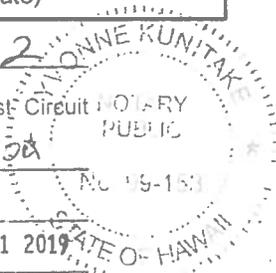
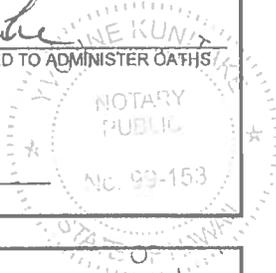
Rev. 11/2018

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Doc. Date JAN 11 2019 # Pages 2

Notary Name: Yvonne Kunitake First Circuit
 Doc. Description 2019 Registration


 Yvonne Kunitake
 Date JAN 11 2019





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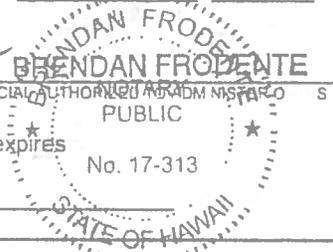
2019 REGISTRATION
 Lobbyist Registration
 (Type or Print Clearly)

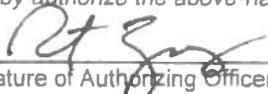
| | | |
|--|-----------------------------|--|
| PART I LOBBYIST | | |
| NAME (Last) (First) (Middle) Coppa, Bruce | | |
| LOBBYIST FIRM/EMPLOYER (if applicable) Capitol Consultants of Hawaii, LLP | TELEPHONE (808) 531-4551 | |
| MAILING ADDRESS (No. and Street or P.O. Box) 222 South Vineyard Street, Suite 401 | FAX (808) 533-4601 | EMAIL bruce.coppa@808cch.com |
| (City) Honolulu | (State) HI | (Zip Code) 96813 |

| | | |
|--|------------|--|
| PART II.A ORGANIZATION | | |
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) AT&T | | TELEPHONE (425) 580-5836 |
| MAILING ADDRESS (No. and Street or P.O. Box) PO Box 97061 | | FAX (425) 580-8652 |
| | | EMAIL rb3794@att.com |
| (City) Redmond | (State) WA | (Zip Code) 98073-9761 |
| 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 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) | | |

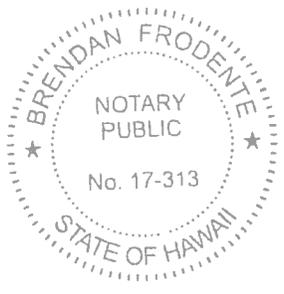
| PART IV LOBBYIST CERTIFICATION | |
|---|--|
| <i>I hereby certify that the foregoing statements are true and correct.</i>  LOBBYIST SIGNATURE DATE <u>1/10/19</u> | Subscribed and sworn to before me This <u>10th</u> day of <u>January</u> , 2019 By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS PUBLIC My commission expires <u>7/25/21</u> No. 17-313  |

| PART V AUTHORIZATION TO LOBBY | | |
|---|--|--------------------------|
| NAME Robert Bass | TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Regional Director Government Affairs | |
| NAME OF ORGANIZATION (if applicable) | TELEPHONE (425) 580-5836 | |
| AT&T | FAX (425) 580-8652 | |
| MAILING ADDRESS (No. and Street or P.O. Box) PO Box 97061 | EMAIL rb3794@att.com | |
| (City) Redmond | (State) WA | (Zip Code) 98073-9761 |
| <i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned</i> | | |
|  (Signature of Authorizing Officer or Person Represented) | | <u>1/10/19</u> (Date) |

NOTARY CERTIFICATION ATTACHED (back)

Doc Date: 11/19 # Pages 2
Notary Name: Brendan Frodente First Circuit
Doc. Description 2019 Registration

[Signature] 11/10/19
Notary Signature Date





HONOLULU ETHICS COMMISSION
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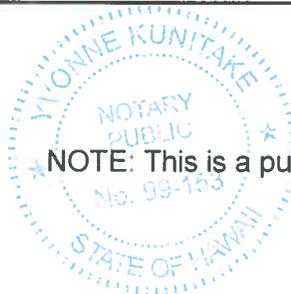
2019 REGISTRATION

Lobbyist Registration
(Type or Print Clearly)

| | | |
|--|------------|--|
| PART I LOBBYIST | | |
| NAME (Last) (First) (Middle) Coppa, Bruce | | |
| 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 bruce.coppa@808cch.com |
| (City) Honolulu | (State) HI | (Zip Code) 96813 |

| | | |
|--|------------|--|
| PART II.A ORGANIZATION | | |
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Memorial Life Plan Ltd. | | TELEPHONE (808) 522-5233 |
| MAILING ADDRESS (No. and Street or P.O. Box) 1330 Maunakea Street | | FAX (808) 522-9310 |
| | | EMAIL jay.morford@dignitymemorial.com |
| (City) Honolulu | (State) HI | (Zip Code) 96817 |
| 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 |



Doc. Date: JAN 18 2019 # Page: 2

Notary Name: Yvonne Kunitake First Initial: K

Doc. Description: 2019 Registration

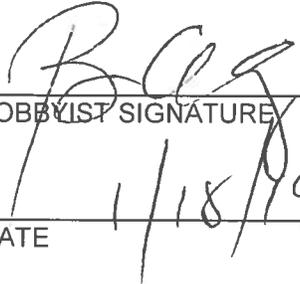
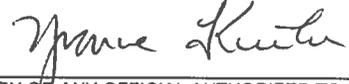
Lobbyist Registration

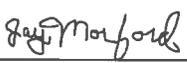
Yvonne Kunitake JAN 18 2019

Notary Signature Date

NOTE: This is a public document.

| PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY | | |
|---|--|--|
| <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 IV LOBBYIST CERTIFICATION | |
|--|---|
| <p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p> LOBBYIST SIGNATURE</p> <p><u>1/18/19</u> DATE</p> | <p>Subscribed and sworn to before me</p> <p>This ____ day of <u>JAN 18 2019</u>, _____</p> <p>By:  NOTARY OF ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>04/11/2019</u></p> |

| PART V AUTHORIZATION TO LOBBY | | |
|---|---|---------------------------------------|
| NAME Jay Morford | TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President/Market Director | |
| NAME OF ORGANIZATION (if applicable) Hawaiian Memorial Life Plan, Ltd. | TELEPHONE (808) 523-6348 | |
| MAILING ADDRESS (No. and Street or P.O Box) 1330 Maunakea Street | FAX (808) 522-9310 | EMAIL jay.morford@dignitymemorial.com |
| (City) Honolulu | (State) HI | (Zip Code) 96817 |
| <i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i> | | |
|  (Signature of Authorizing Officer or Person Represented) | January 15, 2019 (Date) | |



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2019 REGISTRATION

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| PART I LOBBYIST | | |
| NAME (Last) (First) (Middle) Coppa, Bruce | | |
| 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 bruce.coppa@808cch.com |
| (City) Honolulu | (State) HI | (Zip Code) 96813 |

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

Rev. 11/2018



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Doc. Date: JAN 18 2019 *2*

Notary Name: Yvonne Kunitake

Doc. Description: 2019 Registration

Lobbyist Registration

Yvonne Kunitake JAN 18 2019
 Notary Signature Date

| PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY | | |
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| <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 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 | |
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| PART V AUTHORIZATION TO LOBBY | | |
|---|---|--------------------------|
| NAME Kau'i Burgess | TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Director of Community Relations | |
| NAME OF ORGANIZATION (if applicable) Kamehameha Schools | TELEPHONE (808) 523-6348 | |
| MAILING ADDRESS (No. and Street or P.O. Box) 567 S. King Street, Suite 400 | FAX | |
| (City) Honolulu | (State) HI | EMAIL kaburges@ksbe.edu |
| | | (Zip Code) 96813 |
| <i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i> | | |
| <u>[Signature]</u> (Signature of Authorizing Officer or Person Represented) | | <u>1/18/19</u> (Date) |