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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2020 REGISTRATION

Lobbyist Registration
(Type or Print Clearly)

PART I LOBBYIST

NAME (Last) (First) (Middle) Hopkins, Jonathan		
LOBBYIST FIRM/EMPLOYER (if applicable) N/A		TELEPHONE 360-957-5468
MAILING ADDRESS (No. and Street or P.O Box) 66 Bell Street, #100		FAX EMAIL jonathan.hopkins@stateandfed.com
(City) Seattle	(State) WA	(Zip Code) 98121

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Neutron Holdings, Inc. dba Lime		TELEPHONE 614-517-4543
MAILING ADDRESS (No. and Street or P.O. Box) 30 M Street SE		FAX EMAIL
(City) Washington	(State) DC	(Zip Code) 20003

ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)

☒ Not Applicable

METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS

☒ Not Applicable

PART II.B NO LONGER LOBBYING

☒ I am no longer authorized to lobby on behalf of the organization in Part II.A | DATE 4/29/2020

NOTE: This is a public document.

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

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

PART IV LOBBYIST CERTIFICATION

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

Jonathan Hopkins:
LOBBYIST SIGNATURE

6/11/20
DATE

Subscribed and sworn to before me

This 11th day of JUNE 2020

By: MARGARET CHOI

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires:
NOV 1, 2022

MARGARET CHOI
COMMISSION EXPIRES
NOV 1, 2022
NOTARY PUBLIC
STATE OF WASHINGTON

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
NAME OF ORGANIZATION (if applicable)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)		FAX EMAIL
(City)	(State) DC	(Zip Code)

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented) (Date)

NOTE: This is a public document.