



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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HONOLULU
ETHICS COMMISSION
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11.7.19

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AR 2019

2019 REGISTRATION

Lobbyist Registration
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Lee, Brandon, Toshihisa		
LOBBYIST FIRM/EMPLOYER (if applicable) Ulupono Initiative	TELEPHONE (808) 544-8960	
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

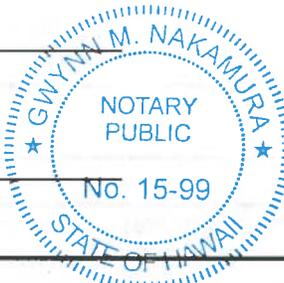
PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Ulupono Initiative	TELEPHONE (808) 544-8960	
MAILING ADDRESS (No. and Street or P.O. Box) 999 Bishop Street, Suite 1202	FAX	
	EMAIL info@ulupono.com	
(City) Honolulu	(State) HI	(Zip Code) 96813
ESTIMATED NUMBER OF MEMBERS (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 checked="" type="checkbox"/> I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE 10-30-19

AR Rec'd 11-6-2019

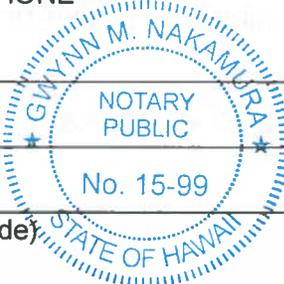
PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY		
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input 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	
<i>I hereby certify that the foregoing statements are true and correct.</i>  LOBBYIST SIGNATURE 11-1-19 DATE	Subscribed and sworn to before me This <u>1</u> day of <u>November</u> , <u>2019</u> . By  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>3-15-2023</u>



Doc. Date: 11-1-19	# Pages: 2	Date: 11-1-19
Notary Name: Gwynn M. Nakamura	First Circuit	
Doc. Description: 2019 Registration		
Notary Signature: 		

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	
(City)	EMAIL	
(State)	(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)