

ORIGINAL



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

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Website: <http://www.honolulu.gov/ethics/>

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## 2019 REGISTRATION

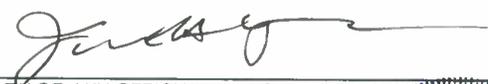
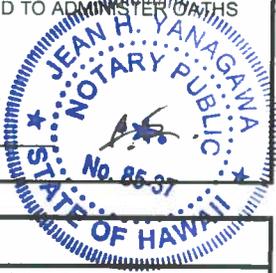
Lobbyist Registration  
(Type or Print Clearly)

<b>PART I LOBBYIST</b>		
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 <a href="mailto:kealii.lopez@dentons.com">kealii.lopez@dentons.com</a>	
(City) Honolulu	(State) Hawaii	(Zip Code) 96813

<b>PART II.A ORGANIZATION</b>		
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
ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members) <input type="checkbox"/> Not Applicable		
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS <input type="checkbox"/> Not Applicable		

<b>PART II.B NO LONGER LOBBYING</b>	
<input checked="" type="checkbox"/> I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE January 1, 2019

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 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 hereby certify that the foregoing statements are true and correct.</p>  <p>LOBBYIST SIGNATURE</p> <p>DATE <u>April 30, 2019</u></p>	<p>Subscribed and sworn to before me</p> <p>This <u>30<sup>th</sup></u> day of <u>April</u>, 2019.</p> <p>By: </p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS            JEAN H. YANAGAWA            My commission expires:  <u>2/7/2021</u></p> 

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)	(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)

