



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

TEL: (808) 768-9242 FAX: (808) 768-7768  
 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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2-10-20

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**2020 REGISTRATION**

Lobbyist Registration  
 (Type or Print Clearly)

<b>PART I LOBBYIST</b>		
NAME (Last) (First) (Middle) Miyasato, Scott		
LOBBYIST FIRM/EMPLOYER (if applicable) Outrigger Hotels Hawaii		TELEPHONE 921-6616
MAILING ADDRESS (No. and Street or P.O. Box) 2375 Kuhio Avenue, Honolulu, HI 96815		FAX
		EMAIL scott.miyasato@outrigger.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96815

<b>PART II.A ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Outrigger Hotels Hawaii		TELEPHONE 921-6600
MAILING ADDRESS (No. and Street or P.O. Box) 2375 Kuhio Avenue		FAX
		EMAIL
(City) Honolulu	(State) Hawaii	(Zip Code) 96815
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

<b>PART II.B NO LONGER LOBBYING</b>	
<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 type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input checked="" 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 checked="" type="checkbox"/> Other (indicate below): Any issues that would affect Outrigger Hospitality Group.		

### PART IV LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p><u>Scott T. Miyasato</u>                  LOBBYIST SIGNATURE</p> <p><u>January 30, 2020</u>                  DATE</p>	<p>Subscribed and sworn to before me</p> <p>This ____ day of _____, _____.</p> <p>By: _____  <i>See attached</i></p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: _____</p>
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### PART V AUTHORIZATION TO LOBBY

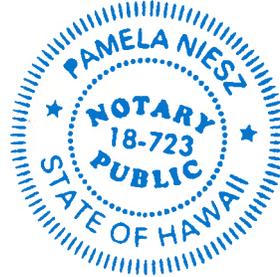
NAME Jeffrey Wagoner		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President	
NAME OF ORGANIZATION (if applicable) Outrigger Hotels Hawaii		TELEPHONE 921-6600	
MAILING ADDRESS (No. and Street or P.O. Box) 2375 Kuhio Avenue		FAX	
		EMAIL jeff.wagoner@outrigger.com	
(City) Honolulu	(State) Hawaii	(Zip Code) 96815	
<p><i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i></p> <p><u><i>Jeffrey Wagoner</i></u> <span style="float: right;"><u>January 30, 2020</u></span></p> <p>(Signature of Authorizing Officer or Person Represented) <span style="float: right;">(Date)</span></p>			

STATE OF HAWAII )  
 )  
CITY AND COUNTY OF HONOLULU )

Subscribed and sworn to before me this 30<sup>th</sup> day of January, 2020

by Scott T. Miyasato

Pamela Niesz  
Notary Public, State of Hawaii  
Pamela Niesz



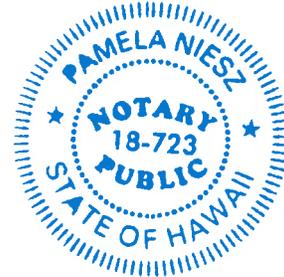
My commission expires December 30, 2022

NOTARY CERTIFICATION STATEMENT

Doc. Date: 1/30/20 No. of Pages: 2 + notary page

Pamela Niesz Jurisdiction: First Circuit  
Printed Name of Notary

Document Identification or Description: Honolulu Ethics  
Commission 2020 Registration



Pamela Niesz 1/30/20  
Signature of Notary Date of Notarization and  
Certification Statement