



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

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HONOLULU  
 ETHICS COMMISSION  
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**2020 REGISTRATION**  
 Lobbyist Registration  
 (Type or Print Clearly)

<b>PART I LOBBYIST</b>		
NAME (Last) (First) (Middle) Negrelli, Natalie		
LOBBYIST FIRM/EMPLOYER (if applicable) The Alliance for Climate Protection d/b/a The Climate Reality Project		TELEPHONE 7206445628
MAILING ADDRESS (No. and Street or P.O. Box) 555 11th Street NW, Suite 601		FAX
		EMAIL <a href="mailto:natalie.negrelli@climatereality.com">natalie.negrelli@climatereality.com</a>
(City) Washington	(State) DC	(Zip Code) 20004

<b>PART II.A ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) The Alliance for Climate Protection d/b/a The Climate Reality Project		TELEPHONE 2025676889
MAILING ADDRESS (No. and Street or P.O. Box) 555 11th Street NW, Suite 601		FAX
		EMAIL <a href="mailto:lea.migliazza@climatereality.com">lea.migliazza@climatereality.com</a>
(City) Washington	(State) DC	(Zip Code) 20004
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 checked="" type="checkbox"/> I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE 09/21/2020

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	
<i>I hereby certify that the foregoing statements are true and correct.</i>   _____ LOBBYIST SIGNATURE  09/23/2020 _____ DATE	State of Texas, County of Dallas Subscribed and sworn to before me This <u>23rd</u> day of <u>September</u> , 2020. By: Natalie Negrelli  _____ NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: 10/10/2023  Notarized online using audio-video communication

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>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)		_____ (Date)