



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

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HONOLULU
ETHICS COMMISSION
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2019 REGISTRATION

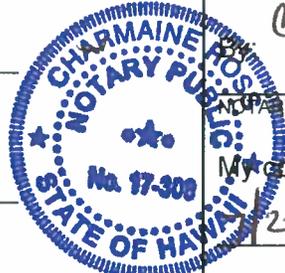
Lobbyist Registration
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Ramos, Danicole Sakay		
LOBBYIST FIRM/EMPLOYER (if applicable) Elemental Excelerator		TELEPHONE (808) 237-5050
MAILING ADDRESS (No. and Street or P.O. Box) 1000 Bishop St. #505		FAX
		EMAIL danicole@elementalexcelerator.com
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Elemental Excelerator		TELEPHONE (808) 237-5050
MAILING ADDRESS (No. and Street or P.O. Box) 1000 Bishop St. #505		FAX
		EMAIL danicole@elementalexcelerator.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 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 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 1/10/19 DATE	Subscribed and sworn to before me This <u>10th</u> day of <u>January</u> , 2019. <u>Charmaine Ross</u> <u>Charmaine Ross</u> _____ <small>NOTARY PUBLIC OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</small> My commission expires: <u>12/25/2021</u> 												
<table border="0"> <tr> <td colspan="2">NOTARY CERTIFICATION</td> <td><u>1st</u> Circuit</td> </tr> <tr> <td>Date of Doc.: <u>1/10/19</u></td> <td>No. of Pages: <u>2</u></td> <td></td> </tr> <tr> <td colspan="3">Doc. Description: <u>2019 Lobbyist Registration</u></td> </tr> <tr> <td>Name: <u>Charmaine Ross</u></td> <td>Date: <u>1/10/19</u></td> <td></td> </tr> </table>		NOTARY CERTIFICATION		<u>1st</u> Circuit	Date of Doc.: <u>1/10/19</u>	No. of Pages: <u>2</u>		Doc. Description: <u>2019 Lobbyist Registration</u>			Name: <u>Charmaine Ross</u>	Date: <u>1/10/19</u>	
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Name: <u>Charmaine Ross</u>	Date: <u>1/10/19</u>												

PART V AUTHORIZATION TO LOBBY		
NAME Aki Marceau	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Managing Director, Policy and Community HI	
NAME OF ORGANIZATION (if applicable) Elemental Excelerator	TELEPHONE (808) 237-5050	
MAILING ADDRESS (No. and Street or P.O Box) 1000 Bishop St. #505	FAX	
	EMAIL aki@elementalexcelerator.com	
(City) Honolulu	(State) HI	(Zip Code) 96813
<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)		
		<u>1/10/19</u> (Date)