

**HONOLULU ETHICS COMMISSION**

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

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

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HONOLULU
ETHICS COMMISSION
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2-10-20

20 JAN 31 P 3:01

2020 REGISTRATIONLobbyist Registration
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Webster, Nahelani		
LOBBYIST FIRM/EMPLOYER (if applicable) BT Consulting, Inc. dba Advocates	TELEPHONE 808-524-4155	
MAILING ADDRESS (No. and Street or P.O. Box) 1000 Bishop Street, Suite 808	FAX	
	EMAIL nwebster@hiadvocates.com	
(City) Honolulu	(State) HI	(Zip Code) 96813

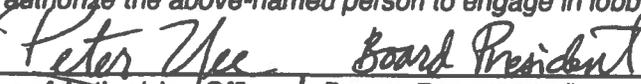
PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) AOAO Diamond Head Beach Hotel	TELEPHONE	
MAILING ADDRESS (No. and Street or P.O. Box) 2947 Kalakaua Ave., Front Lobby Desk	FAX	
	EMAIL yee900@yahoo.com	
(City) Honolulu	(State) HI	(Zip Code) 96815
ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members) Association is comprised of apartment owners. <input type="checkbox"/> Not Applicable		
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS Association Board makes policy decisions. <input 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 checked="" 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 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 1/31/20 _____ DATE	Subscribed and sworn to before me This <u>31st</u> day of <u>JANUARY</u> , <u>2020</u> By: <u>Stacey K. Nishida</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>4/25/2020</u>



PART V AUTHORIZATION TO LOBBY		
NAME Peter Yee	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President	
NAME OF ORGANIZATION (if applicable) AOAO Diamond Head Beach Hotel	TELEPHONE 808-670-1700	
MAILING ADDRESS (No. and Street or P.O. Box) 2947 Kalakaua Ave., Front Lobby Desk	FAX	EMAIL yee900@yahoo.com
(City) Honolulu	(State) Hi	(Zip Code) 96815
<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>Jan 23, 2020</u> _____ (Date)

HAWAII ALL-PURPOSE ACKNOWLEDGMENT
H.R.S 502-41(6)

State of Hawaii }
County of MAONOLOA } ss.

On this 31st day of JAN, 2020, in the FIRST Circuit Court, State of Hawaii,
Day Month Year Name of Circuit

before me personally appeared NAHELANI WEBSTER (,) (and
Name of Signer 1

MR (,) to me personally known or proved
Name of Signer 2 (if any)

to me on the basis of satisfactory evidence to be the person(s) whose name(s)
(is/are subscribed to this instrument, who, being by me duly sworn or affirmed, did say
that such person(s) executed the foregoing instrument identified or described as
2020 REGISTRATION as the free act and deed of such person(s),
Type of Document

and if applicable, in the capacity shown having been duly authorized to execute such instrument
in such capacity. The foregoing instrument is dated JAN 3 2020 and
Date of Document

contained 2 pages at the time of this acknowledgment/certification.
No. of Pages



STACEY K NISHIKI
Printed Name of Notary Public

Notary Public – STATE OF HAWAII

My commission expires: 11/25/22

[Signature]
Signature of Notary Public

Place Notary Seal or Stamp Above



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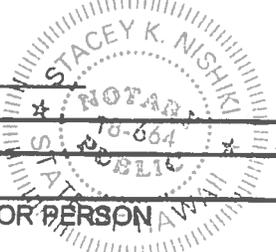
Lobbyist Registration
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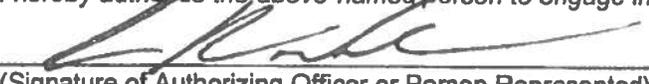
PART I LOBBYIST		
NAME (Last) (First) (Middle) Webster, Nahelani		
LOBBYIST FIRM/EMPLOYER (if applicable) BT Consulting, Inc. dba Advocates		TELEPHONE 808-524-4155
MAILING ADDRESS (No. and Street or P.O. Box) 1000 Bishop Street, Suite 808		FAX
		EMAIL nwebster@hiadvocates.com
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaiian Humane Society		TELEPHONE 808-356-2242
MAILING ADDRESS (No. and Street or P.O. Box) 2700 Waiialae Avenue		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96826
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 type="checkbox"/> Business & Economic Development	<input checked="" type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
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<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 checked="" type="checkbox"/> Other (indicate below): Animal Welfare		

PART IV LOBBYIST CERTIFICATION	
<p>I hereby certify that the foregoing statements are true and correct.</p>  <p>LOBBYIST SIGNATURE</p> <p>11/31/20</p> <p>DATE</p>	<p>Subscribed and sworn to before me <u>St</u></p> <p>This <u>31st</u> day of <u>JANUARY</u>, <u>2020</u>.</p> <p>By: <u>Stacey K. Nishiki</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>11/25/22</u></p> 

PART V AUTHORIZATION TO LOBBY			
NAME Anna Neubauer		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President and CEO	
NAME OF ORGANIZATION (if applicable) Hawaiian Humane Society		TELEPHONE 808-356-2242	
MAILING ADDRESS (No. and Street or P.O. Box) 2700 Walalae Avenue		FAX	
		EMAIL aneubauer@hawaiianhumane.org	
(City) Honolulu	(State) HI	(Zip Code) 96826	
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.			
 (Signature of Authorizing Officer or Person Represented)		<u>1/24/20</u> (Date)	

HAWAII ALL-PURPOSE ACKNOWLEDGMENT
H.R.S 502-41(6)

State of Hawaii }
County of HONOLULU } ss.

On this 31ST day of JAN, 2020, in the FIRST Circuit Court, State of Hawaii,
Day Month Year Name of Circuit

before me personally appeared WATELAMI WEBSTER (,) (and
Name of Signer 1

MA (,) to me personally known or proved
Name of Signer 2 (if any)

to me on the basis of satisfactory evidence to be the person(s) whose name(s)
is are subscribed to this instrument, who, being by me duly sworn or affirmed, did say
that such person(s) executed the foregoing instrument identified or described as
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STACEY K NISHIKI
Printed Name of Notary Public

Notary Public – STATE OF HAWAII
My commission expires: 11/21/22

[Signature]
Signature of Notary Public

Place Notary Seal or Stamp Above