



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

TEL: (808) 768-9242 FAX: (808) 768-7768
 Email: ethics@honolulu.gov
 Website: <http://www.honolulu.gov/ethics/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
 ETHICS COMMISSION
 RECEIVED

92-10-20

'20 JAN 31 P 3:14

2019 ANNUAL REPORT

Lobbyist Annual Report
 (January 1 – December 31, 2019)
 (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 ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) A0A0 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	

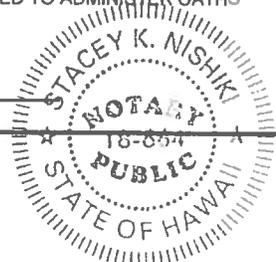
PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
	0		0
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
	0		0
Entertainment & Events	Amount	Other <input type="checkbox"/> Additional Sheet(s) Attached	
	0		
		TOTAL	0

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING	
Fees	Amount <u>0</u>
Compensation	Amount <u>\$ 2,000.00</u>
Contributions	Amount <u>0</u>
Membership Fees	Amount <u>0</u>
<input type="checkbox"/> Check here if additional sheets attached	<input checked="" type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED		
<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 VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2019), passed)			
1.	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION	
<p>I hereby certify that the foregoing statements are true and correct.</p> <p></p> <p>_____ LOBBYIST SIGNATURE</p> <p><u>1/31/2020</u> DATE</p>	<p>Subscribed and sworn to before me</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>



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 NAHELANI 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
2019 ANNUAL REPORT 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 8th JAN 3 0 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

Smyle
Signature of Notary Public

Place Notary Seal or Stamp Above