



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/>

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HONOLULU
 ETHICS COMMISSION
 RECEIVED

'20 MAY 26 P12:00

2020 REGISTRATION

Lobbyist Registration
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Wing, Nick		
LOBBYIST FIRM/EMPLOYER (if applicable)		TELEPHONE 703-963-8949
MAILING ADDRESS (No. and Street or P.O. Box) 722 S. 22nd Street		FAX
		EMAIL nick.wing@thejusticecollaborative.com
(City) Arlington	(State) VA	(Zip Code) 22202

PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Tides Advocacy		TELEPHONE 415-692-4018
MAILING ADDRESS (No. and Street or P.O. Box) 1014 Torney Ave		FAX 415-960-3242
		EMAIL gsheehan@tides.org
(City) San Francisco	(State) CA	(Zip Code) 94129
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 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 checked="" type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input checked="" type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. <u>13</u> (Year) <u>2020</u> Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART IV LOBBYIST CERTIFICATION	
<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p></p> <p>_____ LOBBYIST SIGNATURE</p> <p><u>5/18/2020</u> DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>18</u> day of <u>May</u>, <u>2020</u>.</p> <p>By: _____</p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: _____</p>

PART V AUTHORIZATION TO LOBBY		
NAME Andrea Granda	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Deputy Director	
NAME OF ORGANIZATION (if applicable) Tides Advocacy	TELEPHONE 415.561.6336	
MAILING ADDRESS (No. and Street or P.O. Box) 1014 Torney Ave	FAX	
	EMAIL agranda@tides.org	
(City) San Francisco	(State) CA	(Zip Code) 94129
<p><i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i></p> <p><u>Andrea Granda</u> 5/15/2020</p> <p>(Signature of Authorizing Officer or Person Represented) (Date)</p>		

Notary pending due COVID-19

Honolulu Ethics Commission

City and County of Honolulu

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