



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
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2-10-20

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2020 REGISTRATION

Lobbyist Registration
 (Type or Print Clearly)

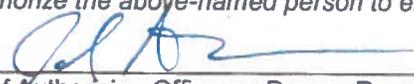
PART I LOBBYIST		
NAME (Last) (First) (Middle) Yamasaki, Ross		
LOBBYIST FIRM/EMPLOYER (if applicable) Capitol Consultants of Hawaii, LLP		TELEPHONE 808-531-4551
MAILING ADDRESS (No. and Street or P.O. Box) 222 South Vineyard Street, Suite 401		FAX 808-533-4601
		EMAIL ross.yamasaki@808cch.com
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Airbnb, Inc.		TELEPHONE 415-389-6800
MAILING ADDRESS (No. and Street or P.O. Box) c/o 2350 Kerner Blvd., Suite 250		FAX 415-388-6874
		EMAIL airbnbinc@nmgovlaw.com
(City) San Rafael	(State) CA	(Zip Code) 94901
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

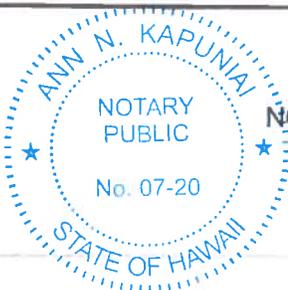
PART II.B NO LONGER LOBBYING	
<input type="checkbox"/> I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE

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 type="checkbox"/> Public Health, Safety & Welfare	<input checked="" 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>31</u> day of <u>JANUARY</u> , 2020 By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: ANN N. KAPUNIAI NOTARY PUBLIC, FIRST JUDICIAL CIRCUIT STATE OF HAWAII COMMISSION EXPIRE 01/14/2023

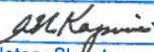
PART V AUTHORIZATION TO LOBBY		
NAME Joel Aurora	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Designated Agent for Filer	
NAME OF ORGANIZATION (if applicable) Airbnb, Inc.	TELEPHONE 415-389-6800	
MAILING ADDRESS (No. and Street or P.O. Box) 2350 Kerner Blvd., Ste. 250	FAX 415-388-6874	
	EMAIL airbnbinc@nmgovlaw.com	
(City) San Rafael	(State) CA	(Zip Code) 94901
<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)		
		1/21/20 (Date)

Rev. 12/2019



NOTE: This is a public document.

Doc. Date: 1/31/2020 # Pages 2
 Notary Name: Ann N. Kapunia First Circuit
 Doc. Description: 2020 REGISTRATION


 Notary Signature 1/31/2020
 Date



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2020 REGISTRATION

Lobbyist Registration
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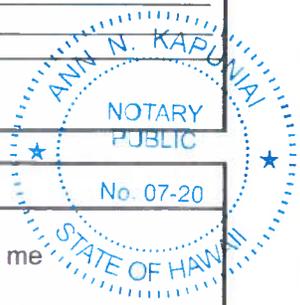
PART I LOBBYIST		
NAME (Last) (First) (Middle) Yamasaki, Ross		
LOBBYIST FIRM/EMPLOYER (if applicable) Capitol Consultants of Hawaii, LLP		TELEPHONE (808) 531-4551
MAILING ADDRESS (No. and Street or P.O. Box) 222 South Vineyard Street, Suite 401		FAX (808) 533-4601
		EMAIL Ross.Yamasaki@808cch.com
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) American Chemistry Council		TELEPHONE (916) 448-2581
MAILING ADDRESS (No. and Street or P.O. Box) 1121 L Street, Suite 609		FAX
		EMAIL Tim_Shestek@americanchemistry.com
(City) Sacramento	(State) CA	(Zip Code) 95814
ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members) 180		<input type="checkbox"/> Not Applicable
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS Policies are developed by a committee of company representatives		<input type="checkbox"/> Not Applicable

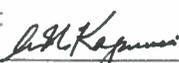
PART II.B NO LONGER LOBBYING	
<input type="checkbox"/> I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE

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 type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input checked="" 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 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):		



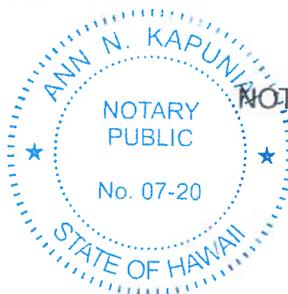
PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 1/31/20 DATE	Subscribed and sworn to before me This <u>31</u> day of <u>JANUARY</u> <u>2020</u> By:  NOTARY OR AN OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: ANN N. KAPUNIAI NOTARY PUBLIC, FIRST JUDICIAL CIRCUIT STATE OF HAWAII COMMISSION EXPIRE 01/14/2023
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PART V AUTHORIZATION TO LOBBY

NAME Tim Shestek	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Senior Director, State Affairs	
NAME OF ORGANIZATION (if applicable) American Chemistry Council	TELEPHONE 916-448-2581	
MAILING ADDRESS (No. and Street or P.O. Box) 1121 L Street, Suite 609	FAX	EMAIL tim_shestek@americanchemistry.com
(City) Sacramento	(State) CA	(Zip Code) 95814
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.  (Signature of Authorizing Officer or Person Represented)		1/22/2020 (Date)

Rev. 12/2019



NOTE: This is a public document.

Doc. Date: 1/31/2020
 Notary Name: Ann N. Kapuniai
 Doc. Description: 2020 Reassignment


 Notary Signature
 1/31/2020
 Date



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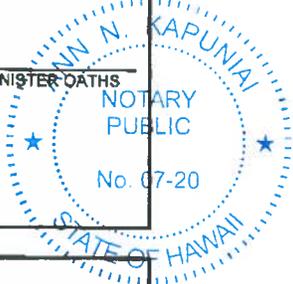
PART I LOBBYIST		
NAME (Last) (First) (Middle) Yamasaki, Ross		
LOBBYIST FIRM/EMPLOYER (if applicable) Capitol Consultants of Hawaii, LLP		TELEPHONE (808) 531-4551
MAILING ADDRESS (No. and Street or P.O Box) 222 South Vineyard Street, Suite 401		FAX (808) 533-4601
		EMAIL Ross.Yamasaki@808cch.com
(City) Honolulu	(State) HI	(Zip Code) 96813

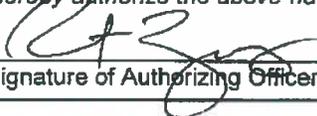
PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) AT&T		TELEPHONE (425) 580-5836
MAILING ADDRESS (No. and Street or P.O. Box) PO Box 97061		FAX (425) 580-8652
		EMAIL rb3794@att.com
(City) Redmond	(State) WA	(Zip Code) 98073-9761
ESTIMATED NUMBER OF MEMBERS (if lobbying 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 checked="" 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):		

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PART V AUTHORIZATION TO LOBBY		
NAME Robert Bass	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Regional Director, Government Affairs	
NAME OF ORGANIZATION (if applicable) AT&T	TELEPHONE (425) 580-5836	
MAILING ADDRESS (No. and Street or P.O. Box) PO Box 97061	FAX (425) 580-8652	
	EMAIL rb3794@att.com	
(City) Redmond	(State) WA	(Zip Code) 98073-9761
<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>1/23/2020</u> (Date)

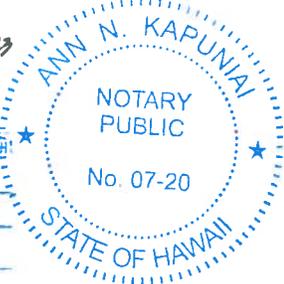
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ANN N. KAPUNIAI
 NOTARY PUBLIC, FIRST JUDICIAL CIRCUIT
 STATE OF HAWAII
 COMMISSION EXPIRE 01/14/2023

Doc. Date: 1/31/2020 # Pages 2
 Notary Name: Ann N. Kapuniai First Circuit
 Doc. Description: 2020 Registration

 Notary Signature Date: 1/31/2020





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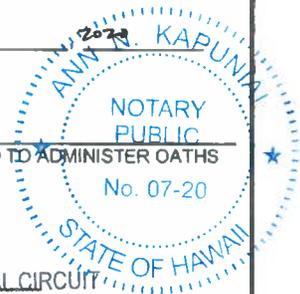
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MAILING ADDRESS (No. and Street or P.O. Box) 222 South Vineyard Street, Suite 401		FAX (808) 533-4601
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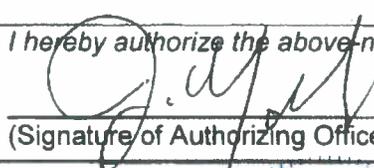
PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Memorial Life Plan Ltd.		TELEPHONE (808) 522-5233
MAILING ADDRESS (No. and Street or P.O. Box) 1330 Maunakea Street		FAX (808) 522-9310
		EMAIL jay.morford@dignitymemorial.com
(City) Honolulu	(State) HI	(Zip Code) 96817
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

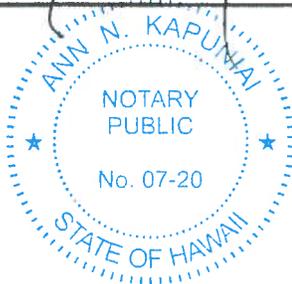
PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY		
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<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input 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. _____
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PART V AUTHORIZATION TO LOBBY		
NAME Jay Morford	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President/Market Director	
NAME OF ORGANIZATION (if applicable) Hawaiian Memorial Life Plan, Ltd.	TELEPHONE (808) 523-6348	
MAILING ADDRESS (No. and Street or P.O Box) 1330 Maunakea Street	FAX (808) 522-9310	EMAIL jay.morford@dignitymemorial.com
(City) Honolulu	(State) HI	(Zip Code) 96817
<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)		
		1/21/2020 (Date)

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