



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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82-11-19

'19 JAN 23 A10 :08

2019 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) 2350 Kerner Blvd., Suite 250		FAX (415) 388-6874
		EMAIL airbnb@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):		

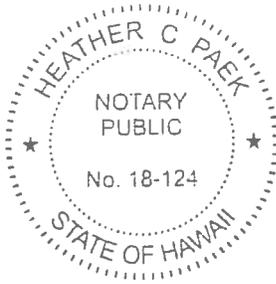
PART IV LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p><u>Joel Aurora</u> LOBBYIST SIGNATURE</p> <p><u>1/22/19</u> DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>22</u> day of <u>January</u>, <u>2019</u>.</p> <p>By: <u>Heather C Paek</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: HEATHER C PAEK NOTARY PUBLIC FIRST JUDICIAL CIRCUIT STATE OF HAWAII COMMISSION EXPIRES: <u>MAR 25 2022</u></p>
--	---

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
(City) San Rafael	EMAIL <u>airbnb@nmgovlaw.com</u>
(State) CA	(Zip Code) 94901
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>	
<u>Joel Aurora</u> (Signature of Authorizing Officer or Person Represented)	<u>1/23/2019</u> (Date)

Doc. Date: 1/8/19 # Pages 3
Notary Name: Heather C Paek First Circuit
Doc. Description 2019 Registration
Lobbyist Registration
C. K. Paek 1/22/19
Notary Signature Date





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2019 REGISTRATION
 Lobbyist Registration
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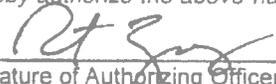
PART I LOBBYIST		
NAME (Last) (First) (Middle) Yamasaki, Ross		
LOBBYIST FIRM/EMPLOYER (if applicable) Capitol Consultants of Hawaii, LLP	TELEPHONE (808) 531-4551	
MAILING ADDRESS (No. and Street or P.O Box) 222 South Vineyard Street, Suite 401	FAX (808) 533-4601	EMAIL ross.yamasaki@808cch.com
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) 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

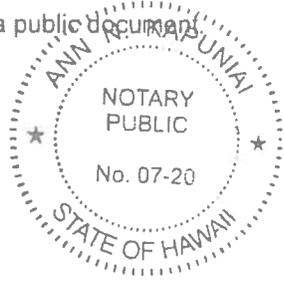
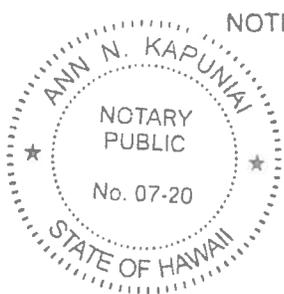
PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY		
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> 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):		

PART IV LOBBYIST CERTIFICATION	
<p>I hereby certify that the foregoing statements are true and correct.</p> <p> _____ LOBBYIST SIGNATURE</p> <p><u>1/10/19</u> _____ DATE</p>	<p>STATE OF HAWAII CITY OF HOONAHU Subscribed and sworn to before me</p> <p>This <u>10</u> day of <u>JANUARY</u>, 20<u>19</u>.</p> <p>By  _____ NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires. <u>ANN N. KAPUNIAI</u> NOTARY PUBLIC, FIRST JUDICIAL CIRCUIT STATE OF HAWAII COMMISSION EXPIRE 01/14/2019</p>

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 hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.		
 _____ (Signature of Authorizing Officer or Person Represented)		<u>1/10/19</u> _____ (Date)

Rev 11/2018

NOTE: This is a public document.



Doc. Date: 1/10/19 # Pages: 2
 Notary Name: Ann N. Kapuniai First Circuit
 Doc. Description: 2019 LOBBYIST REGISTRATION
 1/10/19
 Notary Signature Date



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2019 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) 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

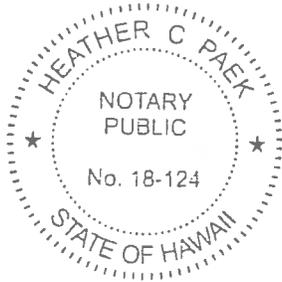
PART II.B NO LONGER LOBBYING	
<input type="checkbox"/> I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY		
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<input type="checkbox"/> 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):		

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<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p> LOBBYIST SIGNATURE</p> <p><u>1/22/19</u> DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>22</u> day of <u>January</u>, 2019.</p> <p>By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: HEATHER C PAEK NOTARY PUBLIC FIRST JUDICIAL CIRCUIT STATE OF HAWAII COMMISSION EXPIRES: MAR 25 2022</p>

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)		January 15, 2019 (Date)

Doc. Date: 1-15-19 # Pages 3
Notary Name: Heather C Paek First Circuit
Doc. Description 2019 Registration
Lobbyist Registration
[Signature] 1-22-19
Notary Signature Date





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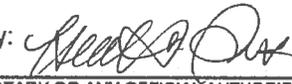
Lobbyist Registration
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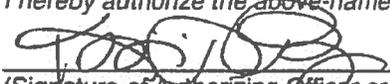
PART I LOBBYIST		
NAME (Last) (First) (Middle) Yamasaki, Ross		
LOBBYIST FIRM/EMPLOYER (if applicable) Capitol Consultants of Hawaii, LLP		TELEPHONE (808) 531-4551
MAILING ADDRESS (No. and Street or P.O. Box) 222 South Vineyard Street, Suite 401		FAX (808) 533-4601
		EMAIL ross.yamasaki@808cch.com
(City)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

PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Kamehameha Schools		TELEPHONE (808) 523-6348
MAILING ADDRESS (No. and Street or P.O. Box) 567 S. King Street, Suite 400		FAX
		EMAIL kaburges@ksbe.edu
(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

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<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	
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PART V AUTHORIZATION TO LOBBY		
NAME Kau'i Burgess	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Director of Community Relations	
NAME OF ORGANIZATION (if applicable) Kamehameha Schools	TELEPHONE (808) 523-6348	
MAILING ADDRESS (No. and Street or P.O. Box) 567 S. King Street, Suite 400	FAX	
	EMAIL kaburges@ksbe.edu	
(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)		1/8/19 (Date)

Doc. Date: 1-8-19 # Pages 3
Notary Name: Heather C Paek First Circuit
Doc. Description: 2019 Registration
Lobbyist Registration
[Signature] 1-22-19
Notary Signature Date

