



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

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

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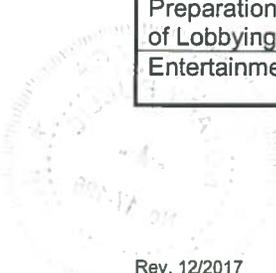
# ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Alexander, Daniel Anthony		TELEPHONE 808-275-6717
MAILING ADDRESS (Street) 3442 Waialae Avenue, Suite 1		FAX
		EMAIL daniel@hbl.org
(City) Honolulu	(State) HI	(Zip Code) 96816
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Bicycling League		TELEPHONE 808-735-5756
MAILING ADDRESS (No. and Street or P.O Box) 3442 Waialae Avenue, Suite 1		FAX
		EMAIL bicycle@hbl.org
(City) Honolulu	(State) HI	(Zip Code) 96816

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount \$0	Receptions, Meals, Food & Beverages	Amount \$0
Preparation & Distribution of Lobbying Materials	Amount \$100	Media Advertising	Amount \$0
Entertainment & Events	Amount \$0	Other	NA
		TOTAL \$100	



Doc Description  
 No. of Pages  
 Date  
 Initials

**PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING**

Fees	Amount \$0
Compensation	Amount \$3,125
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

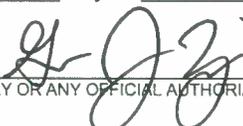
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

<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 type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME**

1. Bill 74 and 75 (2015)	4. Resolution 17-173
2. GIA (2017) Bikeshare Hawaii's community application	5. Bill 77 (2017)
3. Bill 67 (2016)	<input checked="" type="checkbox"/> <sup>KB 2/22/18</sup> Check here if additional sheets are attached

**PART VII LOBBYIST CERTIFICATION**

I hereby certify that the foregoing statements are true and correct.   LOBBYIST SIGNATURE 2/20/18 DATE	Subscribed and sworn to before me This <u>20<sup>th</sup></u> day of <u>February</u> , <u>2018</u> . By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>6-18-21</u>
--	--



**NOTARY PUBLIC CERTIFICATION**  
 Garrin J. Taga  
 Doc. Description: Annual Report

Deadline: January 10<sup>th</sup> of Each Year  
 NOTE: This is a public document



No. of Pages: 2 Date of Doc. 2-20-18  
  
 Notary Signature Date 2-20-18

# Additional Information - Daniel Alexander

Lobbyist Annual Report  
Daniel Alexander  
Additional Information for Part VI Outcomes

2/21/18

Bill 74 and 75 (2015) – passed in October 2017

GIA (2017) Bikeshare Hawaii's community application – pending decision making

Bill 67 (2016) – passed in June 2017

Resolution 17-173 – passed in July 2017

Bill 77 (2017) – passed in February 2018



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**ANNUAL REPORT**

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Lobbyist Annual Report  
 (Type or Print Clearly)

**PART I LOBBYIST**

NAME (Last) (First) (Middle) <i>Alivado Shannon L.</i>		TELEPHONE <i>(808) 833-1681</i>
MAILING ADDRESS (Street) <i>1065 Ahua Street</i>		FAX <i>(808) 839-4167</i>
(City) <i>Honolulu</i>	(State) <i>HI</i>	EMAIL <i>Shannon@gc.hawaii.gov</i>
		(Zip Code) <i>96819</i>
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O. Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

**PART II ORGANIZATION**

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) <i>General Contract-</i>		TELEPHONE <i>833-1681</i>
MAILING ADDRESS (No. and Street or P.O. Box) <i>1065 Ahua Street</i>		FAX <i>839-4167</i>
(City) <i>Honolulu</i>	(State) <i>HI</i>	EMAIL <i>info@gc.hawaii.gov</i>
		(Zip Code) <i>96819</i>

**PART III EXPENDITURES, BY TYPE**

Political Contributions	Amount	<i>X N/A</i>	Receptions, Meals, Food & Beverages	Amount	<i>X N/A</i>
Preparation & Distribution of Lobbying Materials	Amount	<i>X N/A</i>	Media Advertising	Amount	<i>X N/A</i>
Entertainment & Events	Amount	<i>X N/A</i>	Other	Amount	<i>X N/A</i>
TOTAL					

## PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount <u>\$1,200 estimate</u>
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

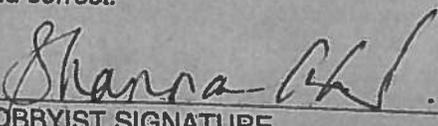
## PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<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 checked="" 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: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

## PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. <u>Bill 3 (2016) (oppose); passed into ordinance</u>	4.
2. <u>Resolution 17-113 (support) passed</u>	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

## PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  <div style="text-align: center;">                       LOBBYIST SIGNATURE                      DATE <u>1/10/2018</u> </div>	Subscribed and sworn to before me  This <u>10</u> day of <u>JANUARY</u> , <u>2018</u> .  By: <u>Michael Isara</u>  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS  My commission expires: <u>8/14/2020</u>
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Date: 1/10/18 # Pages 2  
 Notary Name: Michael Isara 1st Circuit  
 Desc. Description: Annual Report

Notary Signature: [Signature]  
 Date: 1/10/18  
 NOTARY CERTIFICATION

Deadline: January 10<sup>th</sup> of Each Year  
 NOTE: This is a public document



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9-15-18

# ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

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PART I LOBBYIST		
NAME (Last) (First) (Middle) <i>AMEMIYA, RONALD, Yoshitaka</i>		TELEPHONE <i>808.226.7055</i>
MAILING ADDRESS (Street) <i>94-497 Uke St.</i>		FAX <i>671-6901</i>
		EMAIL <i>RAMEMIYA@HAWAII.PR.COM</i>
(City) <i>WAIPAHU</i>	(State) <i>HI</i>	(Zip Code) <i>96797</i>
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) <i>IRONWORKERS STABILIZATION FUND</i>		TELEPHONE <i>226-7055</i>
MAILING ADDRESS (No. and Street or P.O Box) <i>SAME AS ABOVE</i>		FAX <i>671-6901</i>
		EMAIL
(City)	(State)	(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) <i>IRONWORKERS STABILIZATION FUND</i>		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box) <i>Same as above</i>		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
	<i>—</i>		<i>—</i>
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
	<i>—</i>		<i>—</i>
Entertainment & Events	Amount	Other	
	<i>—</i>		
		TOTAL	<i>- 0 -</i>

**PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING**

Fees	-0-	Amount	-0-
Compensation	-0-	Amount	-0-
Contributions	-0-	Amount	-0-
Membership Fees	-0-	Amount	-0-
<input type="checkbox"/> Check here if additional sheets are attached		<input type="checkbox"/> n/a	

**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

<input checked="" type="checkbox"/> Business & Economic Development	<input checked="" type="checkbox"/> Community Services	<input checked="" type="checkbox"/> Customer Services
<input checked="" type="checkbox"/> Culture & Arts	<input checked="" 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 checked="" type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME**

1. MASS TRANSIT	4.
2. Housing	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

**PART VII LOBBYIST CERTIFICATION**

I hereby certify that the foregoing statements are true and correct.  <u>Ronald Y. Amey</u> LOBBYIST SIGNATURE  <u>12/28/17</u> DATE	Subscribed and sworn to before me  This ____ day of _____, _____.  By: _____ NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS  My commission expires: _____
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STATE OF HAWAII

}  
} SS.  
}

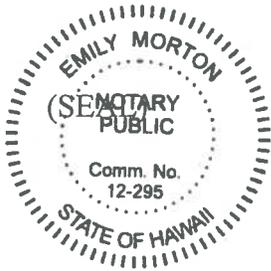
COUNTY OF HONOLULU

On this 2nd day of January 2018, before me personally appeared ROAZO Y AMEMIYA, to me known to be the person described in and who executed the foregoing instrument and acknowledgment that he executed the same as his free act and deed.

Witness my hand and seal.

Emily Morton  
EMILY MORTON

My Commission expires: 09/02/2020



Doc Date: 1/2/18

No. Pages: 2

Notary Name: EMILY MORTON 1st. Circuit

Doc Description: ANNUAL REPORT: LOBBYIST

ANNUAL REPORT

Emily Morton  
Emily Morton

01/02/18  
Date





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

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 Website: <http://www.honolulu.gov/ethics/>

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## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Apo, Todd K		TELEPHONE 8084267735
MAILING ADDRESS (Street) 1240 Ala Moana Blvd		FAX
		EMAIL todd.apo@howardhughes.c
(City) Honolulu	(State) HI	(Zip Code) 96814
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) The Howard Hughes Corporation		TELEPHONE Same
MAILING ADDRESS (No. and Street or P.O. Box) Same		FAX
		EMAIL Same
(City)	(State)	(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) The Howard Hughes Corporation		TELEPHONE Same
MAILING ADDRESS (No. and Street or P.O. Box) Same		FAX
		EMAIL Same
(City)	(State)	(Zip Code)

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
			TOTAL 0

**PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING**

Fees	Amount
Compensation	Amount \$10,000
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input 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 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: Bill No. _____ (Year) _____ Reso No. <u>17-291</u> (Year) <u>2017</u> Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

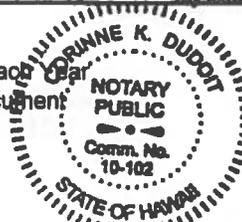
**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME**

1. CFD Resolution for Ward Village - RESO 17-291 PASSED ON 11/11/17	4.
2. HCDA Board Appointments - SUPPORTED NAU MEDERLOS, WHO WAS INCLUDED IN RESO 17-42, WHICH PASSED ON 3/22/18	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

**PART VII LOBBYIST CERTIFICATION**

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 11/18/18 DATE	Subscribed and sworn to before me This <u>18</u> day of <u>November</u> , 20 <u>18</u> . By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires <u>May 23, 2018</u> CORINNE K. DUDOIT Commission No. 10-102 Notary Public, State of Hawaii
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Doc. Date: 11/18/18 # Pages: 2  
 Rev. 12/2017 Corinne K. Dudoit  
 Doc. Description: annual report 1 Circuit  
 Deadline: January 10<sup>th</sup> of Each Year  
 Notary Signature: CS Date: 11/18/18  
 NOTARY CERTIFICATION





**HONOLULU ETHICS COMMISSION**  
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## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) BARRETT, W. BRUCE		TELEPHONE (808) 548-4811
MAILING ADDRESS (Street) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) CASTLE & COOKE HOMES HAWAII, INC.		TELEPHONE (808) 548-4188
MAILING ADDRESS (No. and Street or P.O Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL bbarrett@castlecooke.com
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) CASTLE & COOKE HOMES HAWAII, INC. ✓		TELEPHONE (808) 548-4811
MAILING ADDRESS (No. and Street or P.O Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0.00	Receptions, Meals, Food & Beverages	Amount 0.00
Preparation & Distribution of Lobbying Materials	Amount 0.00	Media Advertising	Amount 0.00
Entertainment & Events	Amount 0.00	Other	0.00
		TOTAL	0.00

**PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING**

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are 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 checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<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: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME**

1. N/A	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

**PART VII LOBBYIST CERTIFICATION**

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p>_____                  LOBBYIST SIGNATURE</p> <p>JAN - 5 2018                  DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>5<sup>th</sup></u> day of <u>January</u>, 2018</p> <p>By: _____                  KYOKO PATOC, State of Hawaii                  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires:                  June 14, 2020</p>
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Rev. 12/2017 Kyoko Patoc First Annual Report Doc. Description: Annual Report Doc. Date: 1/5/18 # Pages: 12 Deadline: January 10<sup>th</sup> of Each Year  
 Notary Signature: \_\_\_\_\_ Date: 1/5/18  
 NOTE: This is a public document



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# ANNUAL REPORT

Lobbyist Annual Report  
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## PART I LOBBYIST

NAME (Last) (First) (Middle) Black, Robert Brian		TELEPHONE 531-4000
MAILING ADDRESS (Street) 700 Bishop Street, Suite 1701		FAX
(City) Honolulu (State) HI		EMAIL <a href="mailto:brian@civilbeatlawcenter.org">brian@civilbeatlawcenter.org</a>
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		(Zip Code) 96813
MAILING ADDRESS (No. and Street or P.O Box)		TELEPHONE
(City) (State)		FAX
		EMAIL
		(Zip Code)

## PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Civil Beat Law Center For the Public Interest		TELEPHONE 531-4000
MAILING ADDRESS (No. and Street or P.O Box) 700 Bishop Street, Suite 1701		FAX
(City) Honolulu (State) HI		EMAIL <a href="mailto:info@civilbeatlawcenter.org">info@civilbeatlawcenter.org</a>
		(Zip Code) 96813

## PART III EXPENDITURES, BY TYPE

Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
TOTAL			\$0

**PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING**

Fees	Amount
Compensation	Amount <u>\$446.49</u>
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

<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 type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input checked="" type="checkbox"/> Specific Legislation: Bill No. <u>90</u> (Year) <u>2017</u> Reso No. _____ (Year) _____ Admin. Rule No. <u>11</u> Dept. <u>Honolulu Police Commission</u>
<input type="checkbox"/> Other (indicate below):		

**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME**

1. <u>Bill 90 amendments - pending</u>	4.
2. <u>HPC Rule 11, supporting amendments proposed by</u>	5.
3. <u>Commission - Rule adopted as proposed</u>	<input type="checkbox"/> Check here if additional sheets are attached

**PART VII LOBBYIST CERTIFICATION**

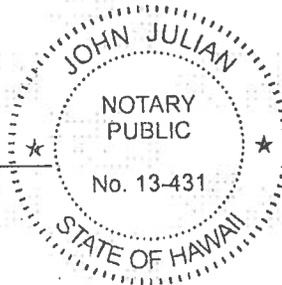
<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p><u><i>R. M. Mc</i></u>                  LOBBYIST SIGNATURE</p> <p><u>1-10-18</u>                  DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>10<sup>th</sup></u> day of <u>JANUARY</u>, 20<u>18</u></p> <p>By: <u><i>[Signature]</i></u> JOHN JULIAN                  NOTARY PUBLIC                  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS                  No. 13-431</p> <p>My commission expires: <u>12/08/21</u></p> <p>STATE OF HAWAII</p>
--	--

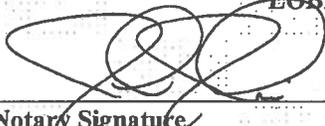
**STATE OF HAWAII  
CITY AND COUNTY OF HONOLULU  
FIRST JUDICIAL CIRCUIT**

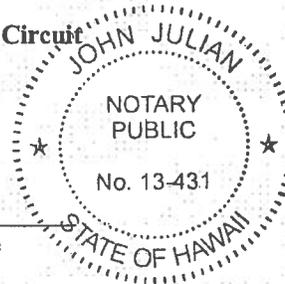
On January 10, 2018, before me personally appeared Robert B. Black, to me known to be the person (or persons) described in and who executed the foregoing instrument, and acknowledged that the person (or persons) executed the same as the person's (or persons') free act and deed.



**John Julian, Notary Public  
State of Hawaii  
My commission expires: 12/08/2021**



<b>Document Date: January 10, 2018</b>	<b># Pages: 3</b>
<b>Notary Name: John Julian</b>	<b>First Circuit</b>
<b>Doc. Description: ANNUAL REPORT LOBBYIST ANNUAL REPORT</b>	
 <b>Notary Signature</b>	<b>01 / 10 / 18</b> <b>Date</b>





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

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

HONOLULU  
 ETHICS COMMISSION  
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## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Boland, Jacqueline ✓		TELEPHONE (808) 225-9378
MAILING ADDRESS (Street) 46-225 Ahui Nani PL		FAX
		EMAIL jboland@aarp.org
(City) Kaneohe	(State) HI	(Zip Code) 96744
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) AARP Hawaii		TELEPHONE 202-794-7387
MAILING ADDRESS (No. and Street or P.O. Box) 46-225 Ahui Nani PL		FAX
		EMAIL
(City) Kaneohe	(State) HI	(Zip Code) 96744

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) AARP Hawaii ✓		TELEPHONE 808-721-0643
MAILING ADDRESS (No. and Street or P.O. Box) 601 E Street NW		FAX
		EMAIL
(City) Washington	(State) DC	(Zip Code) 20049

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
TOTAL			0.00

**PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING**

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a

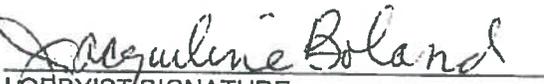
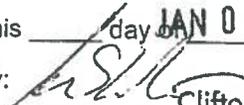
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

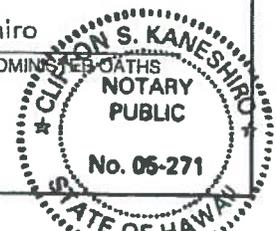
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (Indicate below): <u>NONE 000/10/18</u>		

**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME**

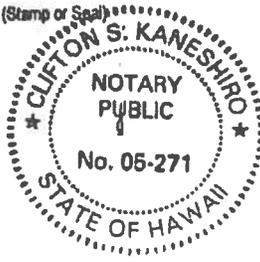
1. <u>NONE 000/10/18</u>	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

**PART VII LOBBYIST CERTIFICATION**

I hereby certify that the foregoing statements are true and correct.   LOBBYIST SIGNATURE  1-9-18 DATE	Subscribed and sworn to before me  This <u>9</u> day of <u>JAN 09 2018</u>  By:  Clifton S. Kaneshiro NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>May 8, 2021</u>
--	--



Doc. Date: JAN 09 2018 # Pages: 2  
Notary Name: Clifton S. Kaneshiro 2nd Circuit  
Doc. Description: Annual Report (Stamp or Seal)  
[Signature] 1/09/2018  
Notary Signature Date





# Hawaiian Humane Society

People for animals. Animals for people.

2700 Waiālae Avenue Honolulu, Hawaii 96826  
808.356.2200 • HawaiianHumane.org

HONOLULU  
ETHICS COMMISSION  
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## Board of Directors

February 23, 2018

Robert H. Armstrong  
*Chair*

Eric Ako, DVM  
*Vice Chair*

Mike Ching  
*Treasurer*

Rebecca "Becki" Ward  
*Secretary*

Lisa Fowler  
*President/CEO*

Jan K. Yamane  
Executive Director & Legal Counsel  
Honolulu Ethics Commission  
Kapalama Hale  
925 Dillingham Blvd. Suite 190  
Honolulu, HI 96817

Aloha Ms. Yamane,

Robert R. Bean

Francie Boland

Tim Brauer

John C. Dean

Nick Dreher

Brandt Farias

Ernest H. Fukeda, Jr.

Elizabeth Rice Grossman

Pamela S. Jones

Mi Kosasa

Susan Kosasa

Kent T. Lucien

Stephen B. Metter

Lawrence D. Rodriguez

Ginny Tiu

Virginia S. Weinman

Rick Zwern

Please be advised that a 2017 Lobbyist Annual Report form will not be submitted for former Hawaiian Humane Society President & CEO Pamela Burns as she sadly passed away on September 18, 2017.

Should you need any additional information, please feel free to contact me at 356-2232.

Mahalo,

Lisa Fowler  
President & CEO



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

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

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HONOLULU  
 ETHICS COMMISSION  
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# ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

'18 JAN 30 A9:23

PART I LOBBYIST		
NAME (Last) (First) (Middle) Caballero, Mateo		TELEPHONE 808-522-5908
MAILING ADDRESS (Street) P.O. Box 3410		FAX 808-522-5909
(City) Honolulu		EMAIL <a href="mailto:mcaballero@acluhawaii.org">mcaballero@acluhawaii.org</a>
(State) Hawaii		(Zip Code) 96801
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) American Civil Liberties Union of Hawaii		TELEPHONE 808-522-5900
MAILING ADDRESS (No. and Street or P.O Box) P.O. Box 3410		FAX 808-522-5909
(City) Honolulu		EMAIL
(State) Hawaii		(Zip Code) 96801

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) American Civil Liberties Union of Hawaii		TELEPHONE 808-522-5900
MAILING ADDRESS (No. and Street or P.O Box) P.O. Box 3410		FAX 808-522-5909
(City) Honolulu		EMAIL
(State) Hawaii		(Zip Code) 96801

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
	\$ 0.00		\$ 0.00
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
	\$ 0.00		\$ 0.00
Entertainment & Events	Amount	Other	
	\$ 0.00		
TOTAL		\$ 0.00	

**PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING**

Fees	Amount \$ 0.00
Compensation	Amount \$ 445.00
Contributions	Amount \$ 0.00
Membership Fees	Amount \$ 0.00
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

<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 type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): <u>Civil Rights and Civil Liberties</u>		

**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME**

1.	4.
2.	5.
3.	<input checked="" type="checkbox"/> Check here if additional sheets are attached

**PART VII LOBBYIST CERTIFICATION**

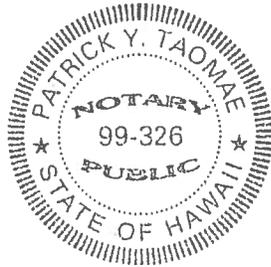
I hereby certify that the foregoing statements are true and correct.   _____ LOBBYIST SIGNATURE  1/29/18 _____ DATE	Subscribed and sworn to before me  This _____ day of _____, _____ By: <u>See attached notary page</u> _____ NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS  My commission expires: _____
--	---

## **Part VI. Policy Making Process Decisions You Sought to Influence and Outcome**

1. Resolution Bill 17-255, Relating to Law Enforcement Assisted Diversion Program, Support: Adopted.
2. Bill 83, Relating to Public Sidewalks, Oppose: Deferred.
3. Bill 87, Relating to Public Sidewalks, Oppose: Deferred.
4. Bill 88, Relating to Public Sidewalks, Oppose: Deferred.
5. Bill 99, Relating to Bus Stops, Oppose: Pending.

STATE OF HAWAII )  
 ) SS.  
CITY AND COUNTY OF HONOLULU )

The foregoing undated City And County Of Honolulu Ethics Commission Lobbyist Annual Report consisting of two (2) pages was subscribed, sworn to, and acknowledged before me by MATEO CABALLERO in the First Circuit of the State of Hawaii on this 29th day of January, 2018.



*Patrick Y. Taomae*

\_\_\_\_\_  
PATRICK Y. TAOMAE

Notary Public, State of Hawaii

My Commission Expires: 6/30/2019



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

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

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## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Case, Ed		TELEPHONE 921-6616
MAILING ADDRESS (Street) 2375 Kuhio Avenue		FAX
		EMAIL ed.case@outrigger.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96815
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) Outrigger Hotels Hawaii		TELEPHONE 921-6616
MAILING ADDRESS (No. and Street or P.O Box) 2375 Kuhio Avenue		FAX
		EMAIL ed.case@outrigger.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96815

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Outrigger Hotels Hawaii		TELEPHONE 921-6616
MAILING ADDRESS (No. and Street or P.O Box) 2375 Kuhio Avenue		FAX
		EMAIL ed.case@outrigger.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96815

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL	0.00

**PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING**

Fees	Amount
Compensation	Amount \$1,250.00
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

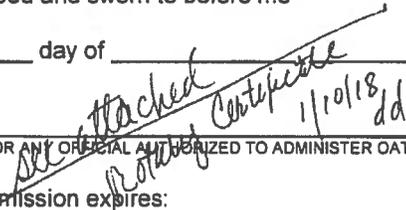
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

<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: Bill No. _____ (Year) _____ Reso No. <u>17-60</u> (Year) <u>2017</u> Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME**

1. Resolution 17-60: passed	4.
2. Beachcomber project permitting: ongoing	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

**PART VII LOBBYIST CERTIFICATION**

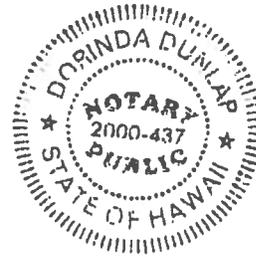
I hereby certify that the foregoing statements are true and correct.   _____ LOBBYIST SIGNATURE  _____ DATE	Subscribed and sworn to before me This ____ day of _____ By: _____ NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: _____ 
---	---

STATE OF HAWAII )  
 )  
CITY AND COUNTY OF HONOLULU )

Subscribed and sworn to before me this 10<sup>th</sup> day of January, 2018

by Ed Case

Dorinda Dunlap  
Notary Public, State of Hawaii  
Dorinda Dunlap



My commission expires September 15, 2020

NOTARY CERTIFICATION STATEMENT

Doc. Date: Jan. 10, 2018 No. of Pages: 1 (front & back)  
+ this notary certificate  
Dorinda Dunlap Jurisdiction: First Circuit  
Printed Name of Notary

Document Identification or Description: Honolulu Ethics  
Commission Annual Applicant Report

Dorinda Dunlap January 10, 2018  
Signature of Notary Date of Notarization and  
Certification Statement





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

TEL: (808) 766-9242 FAX: (808) 768-7768  
 Email: [ethics@honolulu.gov](mailto:ethics@honolulu.gov)  
 Website: <http://www.honolulu.gov/ethics/>

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 ETHICS COMMISSION  
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## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) CHAR, Susan M.		TELEPHONE 808-543-5865
MAILING ADDRESS (Street) P. O. Box 2750		FAX 808-203-1635
		EMAIL susan.char@hawaiianelectric.com
(City) Honolulu	(State) HI	(Zip Code) 96840
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaiian Electric Company, Inc.		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box) P. O. Box 2750		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96840

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0	Receptions, Meals, Food & Beverages	Amount 0
Preparation & Distribution of Lobbying Materials	Amount 0	Media Advertising	Amount 0
Entertainment & Events	Amount 0	Other	
		TOTAL	0

**PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING**

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a

**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

<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 type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (Indicate below):		

**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME**

1. none in 2017	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

**PART VII LOBBYIST CERTIFICATION**

I hereby certify that the foregoing statements are true and correct.   LOBBYIST SIGNATURE  1/4/18 DATE	Subscribed and sworn to before me  This <u>4th</u> day of <u>January</u> , <u>2018</u> .  By: <u>Deborah Ichishita</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS DEBORAH ICHISHITA My commission expires: <u>July 18, 2020</u>
---	---

Doc. Date undated # Pages \_\_\_\_\_  
 Name Deborah Ichishita First Name \_\_\_\_\_  
 Doc. Description: Lobbyist Annual Report  
 Signature Deborah Ichishita  
 Rev. 12/2017  
 Deadline: January 10<sup>th</sup> of Each Year  
 This is a public document  
 NOTARY CERTIFICATION





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

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

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## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) CHENG, NORMAN H.Y.		TELEPHONE (808) 537-6100
MAILING ADDRESS (Street) 733 BISHOP STREET, SUITE 1900		FAX (808) 537-5434
		EMAIL ncheng@stamlaw.com
(City) HONOLULU	(State) HAWAII	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) STARN O'TOOLE MARCUS & FISHER		TELEPHONE (808) 537-6100
MAILING ADDRESS (No. and Street or P.O. Box) 733 BISHOP STREET, SUITE 1900		FAX (808) 537-5434
		EMAIL
(City) HONOLULU	(State) HAWAII	(Zip Code) 96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) PARK HOTELS & RESORTS INC. ✓		TELEPHONE (703) 584-7979
MAILING ADDRESS (No. and Street or P.O. Box) 1600 TYSONS BOULEVARD, 10TH FLOOR		FAX
		EMAIL
(City) MCLEAN	(State) VIRGINIA	(Zip Code) 22102

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL	0

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING	
Fees	Amount \$ 8,943.45
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED		
<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 checked="" type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. 17-303 (Year) 2017 Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME	
1. INTRODUCTION & ADOPTION OF RESO NO. 17-303	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION	
<i>I hereby certify that the foregoing statements are true and correct.</i>   LOBBYIST SIGNATURE  JANUARY 10, 2018 DATE	Subscribed and sworn to before me This 10TH day of JANUARY 2018 By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS OF HAWAII My commission expires: 6/29/2019





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

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

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## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Ching, Meredith J.		TELEPHONE 525-6669
MAILING ADDRESS (Street) P.O. Box 3440		FAX 525-6677
		EMAIL mching@abhi.com
(City) Honolulu	(State) HI	(Zip Code) 96801
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Alexander & Baldwin		TELEPHONE 525-6669
MAILING ADDRESS (No. and Street or P.O Box) P.O. Box 3440		FAX 525-6677
		EMAIL mching@abhi.com
(City) Honolulu	(State) HI	(Zip Code) 96801

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0	Receptions, Meals, Food & Beverages	Amount 0
Preparation & Distribution of Lobbying Materials	Amount 0	Media Advertising	Amount 0
Entertainment & Events	Amount 0	Other	
		TOTAL	0

**PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING**

Fees	Amount 0
Compensation	Amount \$120.00
Contributions	Amount 0
Membership Fees	Amount 0
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

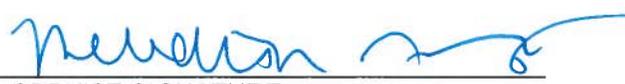
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

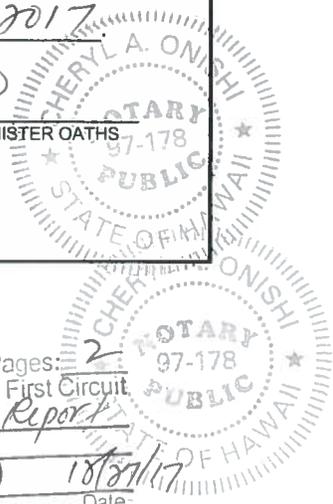
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input 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 checked="" type="checkbox"/> Specific Legislation: Bill No. 26 (Year) 2017 Reso No. (Year) Admin. Rule No. Dept.
<input type="checkbox"/> Other (indicate below):		

**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME**

1. Executive Capital Budget (Enacted)	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

**PART VII 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>12/27/17</u></p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>27<sup>th</sup></u> day of <u>December</u>, 2017.</p> <p>By: </p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS CHERYL A. ONISHI</p> <p>My commission expires: <u>APR 17 2021</u></p>
--	--





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

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

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# ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

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<b>PART I LOBBYIST</b>		
NAME (Last) (First) (Middle) Chang, Dwight P.		TELEPHONE 808-952-7599
MAILING ADDRESS (Street) 818 Keeaumoku St. Honolulu, HI <del>96814</del>		FAX 808-948-7580
(City) Honolulu	(State) HI	EMAIL
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		(Zip Code) 96814
MAILING ADDRESS (No. and Street or P.O Box)		TELEPHONE
(City)		FAX
(State)		EMAIL
		(Zip Code)

<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Medical Service Association		TELEPHONE 952-7599
MAILING ADDRESS (No. and Street or P.O Box) 818 Keeaumoku St.		FAX 948-7580
(City) Honolulu	(State) HI	EMAIL
		(Zip Code) 96814

<b>PART III EXPENDITURES, BY TYPE</b>			
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	0
	0		0
TOTAL			0

## PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount $\emptyset$
Compensation	Amount * 2,500
Contributions	Amount $\emptyset$
Membership Fees	Amount $\emptyset$ <i>MME 2-2-19</i>
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

## PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<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 type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): <i>NONE MME 2-2-19</i>		

## PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. <i>NONE MME 2-2-19</i>	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

## PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p style="text-align: center;"><i>[Signature]</i></p> <p>LOBBYIST SIGNATURE _____</p> <p style="text-align: center;"><i>2/1/19</i></p> <p>DATE _____</p>	<p style="text-align: center;"><i>See separate Notary Certification page.</i></p> <p>Subscribed and sworn to before me</p> <p>This _____ day of _____, _____.</p> <p>By: _____</p> <p style="text-align: center;">NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: _____</p>
---	---

STATE OF HAWAII )  
 ) S.S.  
CITY & COUNTY OF HONOLULU )

On this 2nd day of January, 2018, before me personally appeared Dwight P. Chong, to me known to be the person(s) described in and who executed the foregoing instrument and acknowledged that he/~~she/they~~ executed the same as his/~~her/their~~ free act and deed.

Witness my hand and seal.

L.S.

Kimberly Jonas  
Kimberly Jonas  
Notary Public, State of Hawaii  
My commission expires 10/23/2020

Document Date: NO Date # Pages: 3

Notary Name: Kimberly Jonas First Circuit

L.S.

Document Description: Honolulu Ethics Commission  
Annual Report

Kimberly Jonas 2/2/18  
Notary Signature Date

NOTARY CERTIFICATION



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

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

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## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Chow, Tabetba		TELEPHONE (808) 225-9378
MAILING ADDRESS (Street) 615 Piikoi St. #402		FAX
		EMAIL tabatha@uber.com
(City) Honolulu	(State) HI	(Zip Code) 96814
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) Uber Technologies, Inc		TELEPHONE 202-794-7387
MAILING ADDRESS (No. and Street or P.O. Box) 1455 Market Street, 4th Floor		FAX
		EMAIL
(City) San Francisco	(State) CA	(Zip Code) 94103

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Uber Technologies, Inc ✓		TELEPHONE 202-794-7387
MAILING ADDRESS (No. and Street or P.O. Box) 1455 Market Street, 4th Floor		FAX
		EMAIL
(City) San Francisco	(State) CA	(Zip Code) 94103

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL	0.00

**PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING**

Fees	Amount
Compensation 9,500.00	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

<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 type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below):		

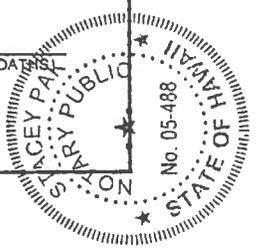
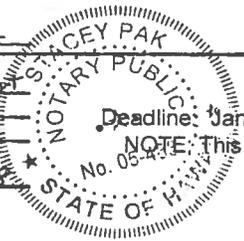
**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME**

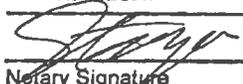
1. Transportation Network Company	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

**PART VII LOBBYIST CERTIFICATION**

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE Jan. 8, 2018 DATE	Subscribed and sworn to before me This 8 <sup>th</sup> day of January, 2018. By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: COMMISSION EXPIRES ON JULY 19, 2019
---	---

Doc. Date: No. Date # Pages: 2  
 Stacey Pak First Circuit  
 Doc. Description: Annual Report



Rev. 12/2017  
 Deadline: January 10<sup>th</sup> of Each Year  
 NOTE: This is a public document  
 Notary Signature:  Date: 01/08/18

NOTARY CERTIFICATION



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

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

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## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) (First) (Middle) Cooley, Bethanne		TELEPHONE 202-736-3200	
MAILING ADDRESS (Street) 1400 16th St. NW Suite 600		FAX 202-785-0721	EMAIL BCooley@ctia.org
(City) Washington	(State) DC	(Zip Code) 20036	
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) N/A		TELEPHONE	
MAILING ADDRESS (No. and Street or P.O. Box)		FAX	EMAIL
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) CTIA - The Wireless Association		TELEPHONE 202-736-3200	
MAILING ADDRESS (No. and Street or P.O. Box) 1400 16th St. NW Suite 600		FAX 202-785-0721	EMAIL MDeTora@ctia.org
(City) Washington	(State) DC	(Zip Code) 20036	

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL	0.00

**PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING**

Fees	Amount
Compensation	Amount \$130.83
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

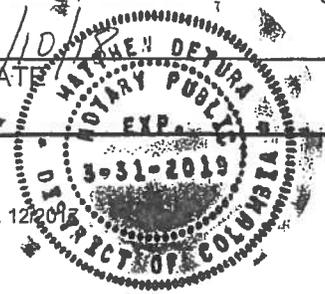
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input 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: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME**

1. Streamlining deployment of wireless infrastructure	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

**PART VII LOBBYIST CERTIFICATION**

I hereby certify that the foregoing statements are true and correct.   LOBBYIST SIGNATURE  1/10/18 DATE	Subscribed and sworn to before me This 10 <sup>th</sup> day of January, 2018. By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS  My commission expires: 3-31-19
--	--





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

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

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## ANNUAL REPORT

Lobbyist Annual Report  
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Coppa, Bruce		TELEPHONE (808) 531-4551
MAILING ADDRESS (Street) 222 South Vineyard Street, Suite 401		FAX (808) 533-4601
		EMAIL brucopp@gmail.com
(City) Honolulu	(State) HI	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) 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) 531-4551
		EMAIL brucopp@gmail.com
(City) Honolulu	(State) HI	(Zip Code) 96813

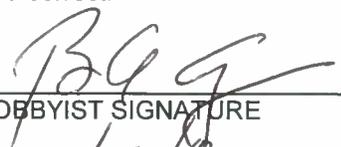
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Airbnb, Inc.		TELEPHONE (415) 388-6874
MAILING ADDRESS (No. and Street or P.O Box) c/o Joel Aurora NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP -N/2350 Kemer Blvd., Suite 250		FAX (415) 388-6874
		EMAIL airbnb@nmgovlaw.com
(City) San Rafael	(State) CA	(Zip Code) 94901

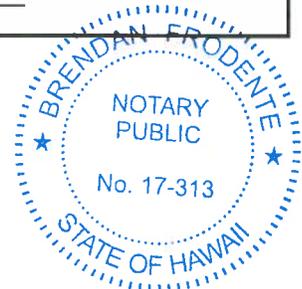
PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL -NA-	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING	
Fees	Amount
Compensation	Amount \$12,565.44
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED		
<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 checked="" type="checkbox"/> Specific Legislation: Bill No. <u>See Below</u> (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME	
1. Bill 17-94 Deferred	4. Resolution 17-52 Passed; Resolution 17-163 Passed
2. Bill 17-100 Deferred	5. Resolution 17-164 Passed; Resolution 17-276 Passed
3. Bill 17-110 Introduced; Resolution 17-301 Passed	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION	
<i>I hereby certify that the foregoing statements are true and correct.</i>   LOBBYIST SIGNATURE  DATE <u>1/10/18</u>	Subscribed and sworn to before me This <u>10<sup>th</sup></u> day of <u>January</u> , <u>2018</u> By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS  My commission expires: <u>7/25/21</u>

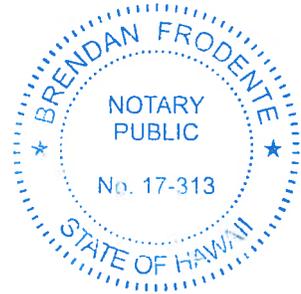


Doc. Date: undated # Pages 2

Notary Name: Brendan Frodente First Circuit

Doc. Description Annual Report

[Signature] 1/10/18  
Notary Signature Date





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

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

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## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Coppa, Bruce ✓		TELEPHONE (808) 531-4551
MAILING ADDRESS (Street) 222 South Vineyard Street, Suite 401		FAX (808) 533-4601
		EMAIL brucopp@gmail.com
(City) Honolulu	(State) HI	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) 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) 531-4551
		EMAIL brucopp@gmail.com
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II 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 (916) 442-2449
		EMAIL Tim_Shestek@americanchemist
(City) Sacramento	(State) CA	(Zip Code) 95814

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL -NA-	

**PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING**

Fees	Amount
Compensation	Amount \$4,250
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

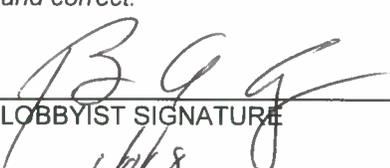
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

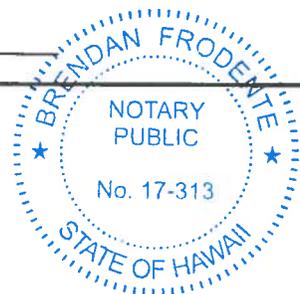
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input checked="" 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: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below):		

**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME**

1. Bill 17-71 Deferred	4. Resolution 17-311 Introduced
2. Bill 17-73 Deferred	5. Resolution 17-340 Introduced
3. Bill 17-108 Introduced	<input type="checkbox"/> Check here if additional sheets are attached

**PART VII LOBBYIST CERTIFICATION**

I hereby certify that the foregoing statements are true and correct.   LOBBYIST SIGNATURE  DATE <u>1/10/18</u>	Subscribed and sworn to before me This <u>10<sup>th</sup></u> day of <u>January</u> , <u>2018</u> By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>7/25/21</u>
--	--

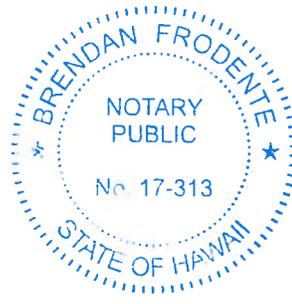


Doc. Date: undated # Pages 2

Notary Name: Brendan Frodente First Circuit

Doc. Description Annual Report

[Signature] 1/10/18  
Notary Signature Date





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

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

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## ANNUAL REPORT

Lobbyist Annual Report  
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PART I LOBBYIST		
NAME (Last) (First) (Middle) Coppa, Bruce		TELEPHONE (808) 531-4551
MAILING ADDRESS (Street) 222 South Vineyard Street, Suite 401		FAX (808) 533-4601
		EMAIL brucopp@gmail.com
(City) Honolulu	(State) HI	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) 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) 531-4551
		EMAIL brucopp@gmail.com
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaiian 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) 96813

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
			TOTAL -NA-

**PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING**

Fees	Amount
Compensation	Amount \$5,759.16
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

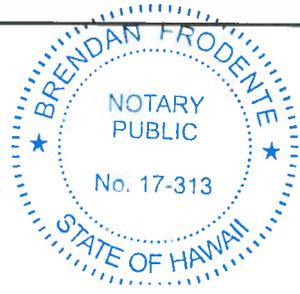
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input checked="" type="checkbox"/> Specific Legislation: Bill No. <u>See Below</u> (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below):		

**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME**

1. Bill 17-1 Deferred	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

**PART VII LOBBYIST CERTIFICATION**

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE  DATE	Subscribed and sworn to before me This <u>10<sup>th</sup></u> day of <u>January</u> , <u>2018</u> By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>7/25/21</u>
--	---

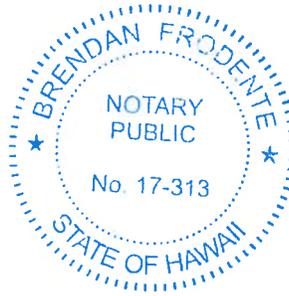


Doc. Date: undated # Pages 2

Notary Name: Brendan Frodente First Circuit

Doc. Description Annual Report

*[Signature]* 1/10/18  
Notary Signature Date





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

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 Email: [ethics@honolulu.gov](mailto:ethics@honolulu.gov)  
 Website: <http://www.honolulu.gov/ethics/>

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## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Coppa, Bruce		TELEPHONE (808) 531-4551
MAILING ADDRESS (Street) 222 South Vineyard Street, Suite 401		FAX (808) 533-4601
		EMAIL brucopp@gmail.com
(City) Honolulu	(State) HI	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) 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) 531-4551
		EMAIL brucopp@gmail.com
(City) Honolulu	(State) HI	(Zip Code) 96813

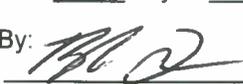
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Kamehameha Schools		TELEPHONE (808) 523-6348
MAILING ADDRESS (No. and Street or P.O. Box) 567 S. King Street, Suite 400		FAX
		EMAIL kaburges@ksbe.edu
(City) Honolulu	(State) HI	(Zip Code) 96813

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL -NA-	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING	
Fees	Amount
Compensation	Amount \$3,821.75
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

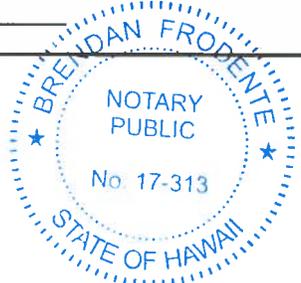
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED		
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input checked="" 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 checked="" type="checkbox"/> Specific Legislation: Bill No. See Below (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME	
1. Bill 17-58 Passed second reading	4.
2. Bill 17-59 Passed second reading	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION	
<i>I hereby certify that the foregoing statements are true and correct.</i>   LOBBYIST SIGNATURE  DATE <u>1/10/18</u>	Subscribed and sworn to before me This <u>10<sup>th</sup></u> day of <u>January</u> , <u>2018</u> By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS  My commission expires: <u>7/25/21</u>

Rev. 12/2017

Deadline: January 10<sup>th</sup> of Each Year  
 NOTE: This is a public document



NOTARY CERTIFICATION ATTACHED  
 (see back)

Doc. Date: undated # Pages 2

Notary Name: Brendan Frodente First Circuit

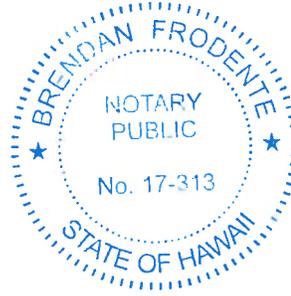
Doc. Description Annual Report

[Signature]

Notary Signature

1/10/18

Date





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

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

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## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Delaunay, Christopher M.		TELEPHONE 808-528-5557
MAILING ADDRESS (Street) 1100 Alakea Street, 4th Floor		FAX 808-528-0421
(City) Honolulu		EMAIL cdelaunay@prp-hawaii.com
(State) HI	(Zip Code) 96813	
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Pacific Resource Partnership		TELEPHONE 808-528-5557
MAILING ADDRESS (No. and Street or P.O Box) 1100 Alakea Street, 4th Floor		FAX 808-528-0421
(City) Honolulu		EMAIL
(State) HI	(Zip Code) 96813	

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount 48.68	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL	48.68

**PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING**

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a

**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

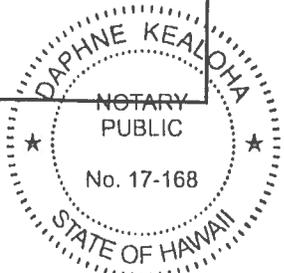
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input 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: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME**

1. Reso 17-221 - adopted	4.
2. Reso 17-333 - deferred	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

**PART VII LOBBYIST CERTIFICATION**

I hereby certify that the foregoing statements are true and correct.   LOBBYIST SIGNATURE  1/3/18 DATE	Subscribed and sworn to before me This <u>3rd</u> day of <u>January</u> , 2018. By: <u>Daphne Kealoha</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS  My commission expires: <u>June 11, 2021</u>
---	--





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

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

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## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) DEWEESE, Garen R.		TELEPHONE 808-543-5806
MAILING ADDRESS (Street) P. O. Box 2750		FAX 808-203-1634
		EMAIL garen.deweese@hawaiianelectri
(City) Honolulu	(State) HI	(Zip Code) 96840
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O. Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaiian Electric Company, Inc. ✓		TELEPHONE
MAILING ADDRESS (No. and Street or P.O. Box) P. O. Box 2750		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96840

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0	Receptions, Meals, Food & Beverages	Amount 0
Preparation & Distribution of Lobbying Materials	Amount 0	Media Advertising	Amount 0
Entertainment & Events	Amount 0	Other	
		TOTAL	0

**PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING**

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a

**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

<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 type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

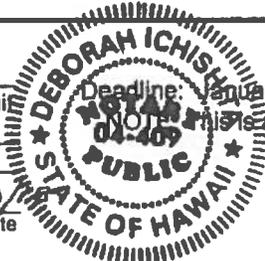
**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME**

1. none in 2017	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

**PART VII LOBBYIST CERTIFICATION**

I hereby certify that the foregoing statements are true and correct.   LOBBYIST SIGNATURE  _____ DATE	Subscribed and sworn to before me This <u>8th</u> day of <u>January</u> , <u>2018</u> . By: <u>Deborah Ichishita</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS DEBORAH ICHISHITA My commission expires: July 18, 2020
--	---

Doc. Date: undated # Pages: 2  
 Name: Deborah Ichishita First Circuit  
 Doc. Description: Lobbyist  
ANNUAL REPORT  
Deborah Ichishita 1/8/18  
 Signature Date  
 NOTARY CERTIFICATION





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

TEL: (808) 768-9242 FAX: (808) 768-7768  
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## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Dos Santos-Tam, Tyler F.		TELEPHONE 808-348-8885
MAILING ADDRESS (Street) 1617 Palama St		FAX
		EMAIL execdir@hawaiiconstructionallian
(City) Honolulu	(State) HI	(Zip Code) 96817
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Construction Alliance ✓		TELEPHONE 808-348-8885
MAILING ADDRESS (No. and Street or P.O Box) PO Box 179441		FAX
		EMAIL execdir@hawaiiconstructionallian
(City) Honolulu	(State) HI	(Zip Code) 96817

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount 707.66
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	\$35.49
TOTAL			743.15

**PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING**

Fees	Amount
Compensation Pro-Rata Salary for Time Actively Lobbying	Amount 3,181.50
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

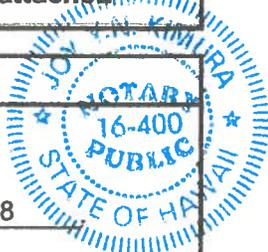
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input checked="" type="checkbox"/> Parks & Recreation	<input checked="" type="checkbox"/> Public Health, Safety & Welfare	<input checked="" type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME**

1. See attached sheet.	4.
2.	5.
3.	<input checked="" type="checkbox"/> Check here if additional sheets are attached

**PART VII LOBBYIST CERTIFICATION**

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p></p> <p>LOBBYIST SIGNATURE</p> <p>January 8, 2018</p> <p>DATE</p>	Subscribed and sworn to before me This 8 <sup>th</sup> day of January, 2018 By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS
	My commission expires: 11/20/20 Doc. Date: 1-8-18 # Pages: 2 Notary Name: Joy Y.N. Kimura Circuit Doc. Description: City and County of Honolulu Lobbyist Annual Report Form



Doc. Description: City and County of Honolulu  
 Lobbyist Annual Report Form  
 1-8-18

**“POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME”**

<b>Item</b>	<b>Position</b>	<b>Description</b>	<b>Outcome</b>
Bill 1 (2017)	Comments	Relating to the Adoption of the Revised Ko‘olau Loa Sustainable Communities Plan.	Ongoing.
Bill 3 (2016)	Support	Amending Amendment 221 of ROH Chapter 16 (“Building Code”) with respect to construction barriers.	Approved.
Bill 3 (2017)	Support	Amending the ordinances pertaining to the county surcharge on general excise and use taxes.	Approved.
Bill 25	Comments	Relating to the Executive Operating Budget and Program.	Approved.
Bill 26	Comments	Relating to the Executive Capital Budget and Program.	Approved.
Bill 33	Support	Relating to the Honolulu Authority for Rapid Transportation Capital Budget.	Approved.
Bill 34	Support	Authorizing the issuance and sale of general obligation bonds and bond anticipation notes.	Approved.
Bill 45	Support	Relating to the Transportation Surcharge.	Approved.
Bill 54	Comments	Relating to Wind Machines.	Approved.
Bill 58	Comments	Establishing an Affordable Housing Requirement.	Ongoing.
Bill 59	Support	Relating to Affordable Housing Incentives.	Ongoing.
Bill 78	Support	Establishing a process to obtain sponsorships for city facilities, parks, programs, equipment, and tangible property.	Approved.
IPD-T 2017/SDD-24	Support	Interim Planned Development – Transit and Special District Permit (Major) for project located on Kapiolani Boulevard.	Approved.
IPD-T 2017/SDD-40	Support	Interim Planned Development – Transit and Special District Permit (Major) for project located at Keeaumoku/Makaloa Streets.	Approved.
Reso 16-255	Support	Establishing a permitted interaction group to investigate funding options for the Honolulu High Capacity Transit Corridor Project.	Approved.
Reso 16-293	Support	Approving the Ala Moana Neighborhood Transit-Oriented Development (TOD) Plan.	Approved.
Reso 17-172	Support	Relating to a Memorandum of Understanding for General Obligation Bonds.	Approved.
Reso 17-173	Support	Relating to General Obligation Bonds.	Approved.
Reso 17-177	Support	Relating to the Keahumoa Place Affordable Housing Project.	Approved.
Reso 17-221	Support	Approving an Interim Planned Development – Transit and Special District Permit (Major) for project located on Kapiolani Boulevard.	Approved.
Reso 17-276	Support	Proposing an Amendment to ROH Chapter 21, Relating to Detached Dwellings.	Approved.
Reso 17-303	Support	Proposing an Amendment to Chapter 21, ROH, Relating to Planned Development-Resort and Planned Development-Apartment Projects.	Approved.
Reso 17-332	Support	Granting a Plan Review Use Permit for the St. Francis Healthcare System of Hawaii at Liliha Campus Expansion.	Approved.
Reso 17-67	Support	Requesting the City Administration to report to the Council on the status of the establishment of the Office of Climate Change, Sustainability, and Resiliency.	Approved.



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

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 Email: [ethics@honolulu.gov](mailto:ethics@honolulu.gov)  
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## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Dos Santos-Tam, Tyler F.		TELEPHONE 808-348-8885
MAILING ADDRESS (Street) 801 South St #4625		FAX
		EMAIL tylerdst@gmail.com
(City) Honolulu	(State) HI	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

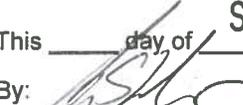
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Construction Alliance		TELEPHONE 808-348-8885
MAILING ADDRESS (No. and Street or P.O Box) PO Box 179441		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96817

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL	0.00

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING	
Fees	Amount
Compensation Pro-Rata Salary for Time Actively Lobbying	Amount 230.72
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED		
<input 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 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 checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

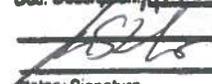
PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME	
1. Bill 59 (2017) - Passed	4.
2. Bill 110 (2017) - Passed	5.
3. Bill 15 (2018) - Passed	<input type="checkbox"/> Check here if additional sheets are attached

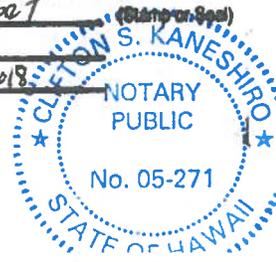
PART VII LOBBYIST CERTIFICATION	
<i>I hereby certify that the foregoing statements are true and correct.</i>   LOBBYIST SIGNATURE September 24, 2018 DATE	Subscribed and sworn to before me This <u>24</u> day of <u>SEP 24 2018</u> By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS Clifton S. Kaneshiro My commission expires: My Commission Expires: <u>May 8, 2021</u>



Rev. 12/2017

Deadline: January 10<sup>th</sup> of Each Year  
 NOTE: This is a public document

Doc. Date: SEP 24 2018 # Pages: 2  
 Notary Name: Clifton S. Kaneshiro  Circuit  
 Doc. Description: Person Report (Stamp or Seal)  
 Notary Signature:  Date: 9/24/2018





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

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## ANNUAL REPORT

Lobbyist Annual Report  
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PART I LOBBYIST			
NAME (Last) (First) (Middle) Egged, Rick		TELEPHONE (808) 923-0775	
MAILING ADDRESS (Street) 2250 Kalakaua Ave. Suite 315		FAX (808) 923-2622	EMAIL rick@waikikiimprovement.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96815	
LOBBYIST FIRM/EMPLOYER (F3 in only if you are employed by a business entity that has been retained to lobby) Waikiki Improvement Association		TELEPHONE (808) 923-1094	
MAILING ADDRESS (No. and Street or P.O. Box) 2250 Kalakaua Ave. Suite 315		FAX (808) 923-2622	EMAIL mail@waikikiimprovement.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96815	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Waikiki Improvement Association		TELEPHONE (808) 923-1094	
MAILING ADDRESS (No. and Street or P.O. Box) 2250 Kalakaua Ave. Suite 315		FAX (808) 923-2622	EMAIL mail@waikikiimprovement.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96815	

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount 0	Media Advertising	Amount
Entertainment & Events	Amount 0	Other	Amount
TOTAL 0.00			

HONOLULU  
 ETHICS COMMISSION  
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 98-28-181

**PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING**

Fees	Amount
Compensation	Amount \$1,890
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

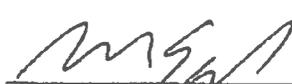
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

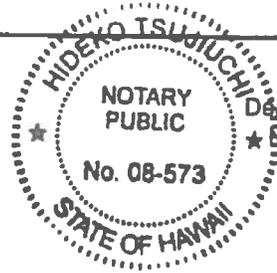
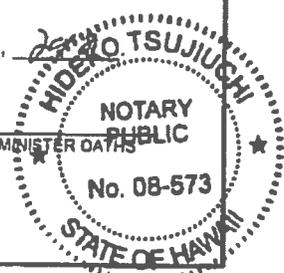
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME**

1. Creation of Waikiki Transportation Management District	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

**PART VII LOBBYIST CERTIFICATION**

I hereby certify that the foregoing statements are true and correct.   LOBBYIST SIGNATURE  3-12-2018 DATE	Subscribed and sworn to before me This <u>12</u> day of <u>MARCH</u> By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>DECEMBER 14 2020</u>
--	---



Rev 12/2017

Deadline: January 10<sup>th</sup> of Each Year  
 \* NOTE: This is a public document

Doc. Date: 3/12/18 # Pages 2  
 Notary Name: HIDEKO TSUJUCHI Circuit  
 Doc. Description: ANNUAL REPORT

  
 Notary Signature 3/12/18  
 Date

**ADDENDUM TO PART VI MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME**

**Creation of the Waikīki Transportation Management District specifically the passage and signing into law of Bills 63 and 64 of 2017.**



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

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

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 ETHICS COMMISSION  
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## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Ellamar, Stacy E.O.		TELEPHONE 808-528-5557
MAILING ADDRESS (Street) 1100 Alakea Street, 4th Floor		FAX 808-528-0421
		EMAIL sellamar@prp-hawaii.com
(City) Honolulu	(State) HI	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Pacific Resource Partnership		TELEPHONE 808-528-5557
MAILING ADDRESS (No. and Street or P.O Box) 1100 Alakea Street, 4th Floor		FAX 808-528-0421
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount 546.88
Preparation & Distribution of Lobbying Materials	Amount 245.07	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL	791.95

**PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING**

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a

**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

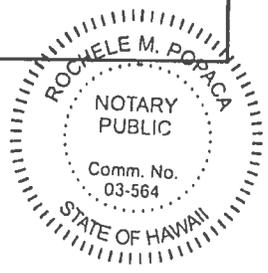
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input checked="" type="checkbox"/> Parks & Recreation	<input checked="" type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME**

1. Bill 3 (2017) - approved/ordinance	4. Reso 17-103 - adopted
2. Bill 78 (2015) - approved/ordinance	5. Reso 16-293 - filed pursuant to ROH Sec 1-2.5
3. Reso 17-67 - adopted	<input checked="" type="checkbox"/> Check here if additional sheets are attached

**PART VII LOBBYIST CERTIFICATION**

<p>I hereby certify that the foregoing statements are true and correct.</p> <p><i>[Signature]</i>                  _____                  LOBBYIST SIGNATURE</p> <p>1/4/2018                  _____                  DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>4<sup>th</sup></u> day of <u>JANUARY</u>, 2018.</p> <p>By: <i>[Signature]</i>                  _____                  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS                  Rochele M. Popack</p> <p>My commission expires:  <u>SEP 28 2019</u></p>
---	--



Stacy E.O. Ellamar  
Pacific Resource Partnership  
1100 Alakea Street, 4<sup>th</sup> Floor  
Honolulu, HI 96813

Additional Sheet

Part VI Policy Making Process Decisions You Sought to Influence and Outcome

6. Reso 17-172 - adopted
7. Reso 17-173 - adopted
8. Reso 17-177 - adopted
9. Bill 59 (2017) - pending
10. Reso 17-333 – deferred



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

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

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## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) ENDO-OMOTO, Darcy K.		TELEPHONE 808-543-4818
MAILING ADDRESS (Street) P. O. Box 2750		FAX 808-203-1147
		EMAIL darcy.endo@hawaiianelectric.com
(City) Honolulu	(State) HI	(Zip Code) 96840
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O. Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaiian Electric Company, Inc. ✓		TELEPHONE
MAILING ADDRESS (No. and Street or P.O. Box) P. O. Box 2750		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96840

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0	Receptions, Meals, Food & Beverages	Amount 0
Preparation & Distribution of Lobbying Materials	Amount 0	Media Advertising	Amount 0
Entertainment & Events	Amount 0	Other	
		TOTAL	0

Rev. 12/2017

Deadline: January 10<sup>th</sup> of Each Year

NOTE: This is a public document

**PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING**

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a

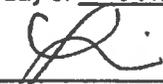
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

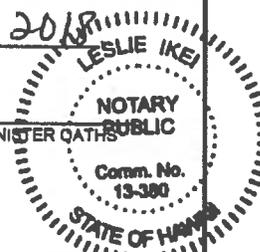
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME**

1. none in 2017	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

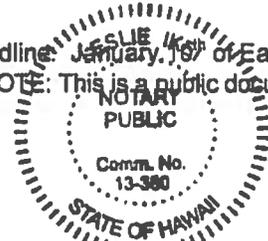
**PART VII LOBBYIST CERTIFICATION**

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 1/9/18 DATE	Subscribed and sworn to before me This 9th day of January, 2018. By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: 11/3/21
---	--



Rev. 12/2017

Deadline: January 1st of Each Year  
 NOTE: This is a public document  
 Doc. Date: 1/9/18 # Pages: 2  
 Name: LESLIE IKEI 1st Circuit  
 Doc. Description: Honolulu Ethics Commission Annual Report  
 Notary Signature:  Date: 1/9/18  
 My Commission Expires: 11/3/21





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

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

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## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Evensen, Stacy		TELEPHONE (808) 524-4155
MAILING ADDRESS (Street) 1000 Bishop Street, Suite 503		FAX
		EMAIL stacyevensen@gmail.com
(City) Honolulu	(State) HI	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) BT Consulting, Inc. dba Advocates		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box) 1000 Bishop Street, suite 503		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaiian Humane Society		TELEPHONE (808) 356-2200
MAILING ADDRESS (No. and Street or P.O Box) 2700 Waiālae Avenue		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96826

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL 0	

**PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING**

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a

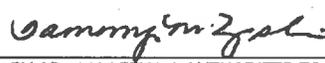
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

<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: Bill No. 22 _____ (Year) 2017 Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME**

1. Bill enacted as ordinance 17-43	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

**PART VII LOBBYIST CERTIFICATION**

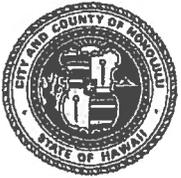
I hereby certify that the foregoing statements are true and correct.   _____ LOBBYIST SIGNATURE  Dec. 28, 2017 _____ DATE	Subscribed and sworn to before me  This 28th day of December, 2017.  By:  _____ NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS <b>TAMMY M. OSHIMURA</b> Notary Public, State of Hawaii My commission expires: 9-22-2020 _____ L.S.
--	---

Doc. Date: 12/28/2017 # Pages: 3

Notary Name: TAMMY M. YOSHIMURA First Circuit

Doc. Description: Annual Report  
Lobbyist Annual Report

Tammy M. Yoshimura 12/28/2017 L.S.  
Notary Signature Date (Stamp or Seal)



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

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

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## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

'18 JAN 12 P1:47

<b>PART I LOBBYIST</b>		
NAME (Last) (First) (Middle) <i>Field Laurie Ann</i>		TELEPHONE <i>808-954-4736</i>
MAILING ADDRESS (Street) <i>1380 S. King St., Ste. 309</i>		FAX
(City) <i>Honolulu</i>	(State) <i>HI</i>	EMAIL <i>laurie.field@ppnh.org</i>
(Zip Code)		<i>96814</i>
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O. Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) <i>Planned Parenthood Votes Northwest and Hawaii</i>		TELEPHONE <i>808-954-4736</i>
MAILING ADDRESS (No. and Street or P.O. Box) <i>2001 E. Madison St.</i>		FAX
(City) <i>Honolulu</i>	(State) <i>HI</i>	EMAIL <i>laurie.field@ppnh.org</i>
		(Zip Code) <i>98122</i>

<b>PART III EXPENDITURES, BY TYPE</b>			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL <i>0</i>	

## PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount <span style="float: right;">0</span>
Compensation	Amount \$ <span style="float: right;">11223</span>
Contributions	Amount <span style="float: right;">0</span>
Membership Fees	Amount <span style="float: right;">0</span>
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

## PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<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 type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (Indicate below):		

## PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME

1. <span style="color: blue;">NONE up to 1/22/18</span>	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

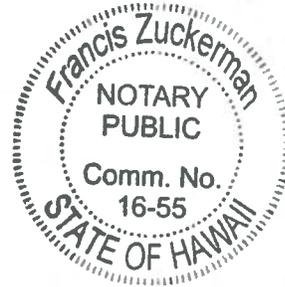
## PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p style="font-size: 2em; color: blue;"></p> <p>LOBBYIST SIGNATURE</p> <p style="font-size: 1.5em; color: blue;">1/9/18</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <span style="color: blue;">9<sup>th</sup></span> day of <span style="color: blue;">January</span>, <span style="color: blue;">2018</span>.</p> <p>By: <span style="color: blue;"></span></p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p style="text-align: right;">Francis Zuckerman My Commission Expires: February 14, 2020</p> <p><i>*NOTARY CERT ON REVERSE</i></p>
--	---



Doc. Date: UNDATED #Pages: 2  
Notary Name: Francis Zuckerman First Circuit  
Doc Description: ANNUAL REPORT

[Signature] 9 JAN 2018  
Notary Signature Date



Francis Zuckerman  
My Commission Expires  
February 14, 2020

**CITY AND COUNTY OF HONOLULU  
ETHICS COMMISSION  
LOBBYIST ANNUAL REPORT FORM**

Name <u>FINLAY</u> <u>AMANDA</u> <u>JOYCE</u>		
(Print)	Last	First Middle
Business Address <u>PO Box 3410 Honolulu HI 96801</u>		Phone <u>(808) 522-5905</u>
<small>(Street, City, State, Zip Code)</small>		
Email Address: <u>mfinlay@acluhawaii.org</u>		
State name and address of organization you lobbied for.		
<u>AMERICAN CIVIL LIBERTIES UNION OF HAWAII</u>		
<u>PO Box 3410</u>		
<u>HONOLULU HI 96801</u>		
State total amount received as a lobbyist representing contributions, membership fees and other receipts related to lobbying activities.		
<u>N/A</u>		
State total amount expended for lobbying by lobbyist.		
<u>NA</u>		
List results of the legislation you sought to influence.		
<u>Bill 66 - (opposed) passed, enacted Resolution 17-50 - adopted</u>		
<u>Bill 13 (ACLU opposed) passed, enacted (ACLU supported)</u>		
<u>Bill 20 (ACLU opposed) passed, vetoed</u>		
Other information.		
I hereby certify that the foregoing statements are true and correct.     _____ (Signature)	Subscribed and sworn to before me This _____ day of _____, 20____.  By _____ Notary or any official authorized to administer oaths  My commission expires: _____	

**DUE DATE OF THIS REPORT IS JANUARY 10 OF EACH YEAR**

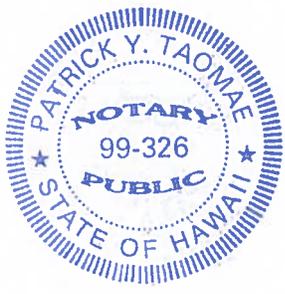
(See back of this form for information.)

PLEASE RETAIN A COPY FOR YOUR RECORDS

*Aug 9.28.2017*

STATE OF HAWAII )  
 ) SS.  
CITY AND COUNTY OF HONOLULU )

The foregoing undated City And County Of Honolulu Ethics Commission Lobbyist Annual Report Form consisting of one (1) page was subscribed and sworn to before me by AMANDA JOYCE FINLAY in the First Circuit of the State of Hawaii on this 21st day of September, 2017.



*Patrick Y. Taomae*  
\_\_\_\_\_  
PATRICK Y. TAOMAE  
Notary Public, State of Hawaii

My Commission Expires: 6/30/2019



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

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

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## AMENDED ✓ ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

<b>PART I LOBBYIST</b>		
NAME (Last) (First) (Middle) FISHER, DUANE R.		TELEPHONE (808) 537-6100
MAILING ADDRESS (Street) 733 BISHOP STREET, SUITE 1900		FAX (808) 537-5434
(City) HONOLULU (State) HAWAII		EMAIL dfisher@starnlaw.com
(Zip Code) 96813		TELEPHONE (808) 537-6100
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) STARN O'TOOLE MARCUS & FISHER		FAX (808) 537-5434
MAILING ADDRESS (No. and Street or P.O Box) 733 BISHOP STREET, SUITE 1900		EMAIL
(City) HONOLULU (State) HAWAII		(Zip Code) 96813

<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) PARK HOTELS & RESORTS INC.		TELEPHONE (703) 584-7979
MAILING ADDRESS (No. and Street or P.O Box) 1600 TYSONS BOULEVARD, 10TH FLOOR		FAX
(City) MCLEAN (State) VIRGINIA		EMAIL
(Zip Code) 22102		(Zip Code) 22102

<b>PART III EXPENDITURES, BY TYPE</b>			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other Photocopying-\$41.50; scanning-\$3.85; courier services-\$13.61; conference call charges - \$13.16	
		TOTAL \$ 72.12	

**PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING**

Fees	Amount \$ 57,013.59
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

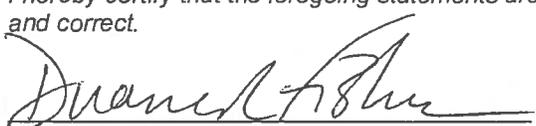
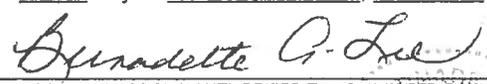
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

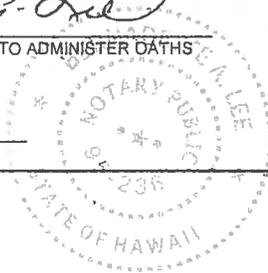
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> 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 checked="" type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. 17-303 (Year) 2017 Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME**

1. INTRODUCTION & ADOPTION OF RESO NO. 17-303	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

**PART VII LOBBYIST CERTIFICATION**

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 2/12/18 DATE	Subscribed and sworn to before me This 12 <sup>th</sup> day of February, 2018 By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: 6/29/2019
--	--



NOTARY CERTIFICATION STATEMENT

Doc. Date: February 12, 2018     Undated at time of notarization

Document Description: City and County of Honolulu Ethics Commission Amended Lobbyist Annual Report for Duane R. Fisher (Park Hotels & Resorts Inc.)

No. of Pages: 3

Jurisdiction: First Judicial Circuit  
Honolulu, Hawaii

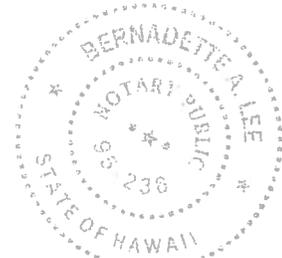
Bernadette A. Lee      2-12-2018

Signature of Notary

Date of Notarization and  
Certification Statement

Bernadette A. Lee

Printed Name of Notary



(Official Stamp or Seal)



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

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

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21-12-18

18 JAN -9 P 3 :02

## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) FUKUHARA, TROY T.		TELEPHONE (808) 548-4811
MAILING ADDRESS (Street) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) CASTLE & COOKE HOMES HAWAII, INC.		TELEPHONE (808) 548-4188
MAILING ADDRESS (No. and Street or P.O Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL tfukuhara@castlecooke.com
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) CASTLE & COOKE HOMES HAWAII, INC.		TELEPHONE (808) 548-4811
MAILING ADDRESS (No. and Street or P.O Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0.00	Receptions, Meals, Food & Beverages	Amount 0.00
Preparation & Distribution of Lobbying Materials	Amount 0.00	Media Advertising	Amount 0.00
Entertainment & Events	Amount 0.00	Other	0.00
		TOTAL	0.00

**PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING**

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a

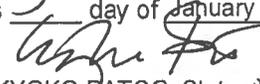
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

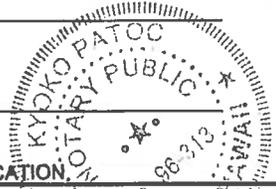
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME**

1. N/A	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

**PART VII LOBBYIST CERTIFICATION**

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p></p> <p>LOBBYIST SIGNATURE</p> <p>JAN - 5 2018</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>5<sup>th</sup></u> day of January, 2018</p> <p>By: </p> <p>KYOKO PATOC, State of Hawaii</p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires</p> <p>June 14, 2020</p>
---	--





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

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

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## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) FUKUHARA, TROY A.		TELEPHONE (808) 548-4811
MAILING ADDRESS (Street) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) CASTLE & COOKE HOMES HAWAII, INC.		TELEPHONE (808) 548-4188
MAILING ADDRESS (No. and Street or P.O. Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL tfukuhara@castlecooke.com
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) CASTLE & COOKE PROPERTIES, INC.		TELEPHONE (808) 548-4811
MAILING ADDRESS (No. and Street or P.O. Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0.00	Receptions, Meals, Food & Beverages	Amount 0.00
Preparation & Distribution of Lobbying Materials	Amount 0.00	Media Advertising	Amount 0.00
Entertainment & Events	Amount 0.00	Other	0.00
		TOTAL	0.00

**PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING**

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a

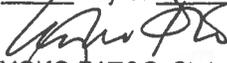
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

<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 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 checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

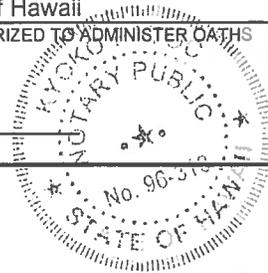
**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME**

1. N/A	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

**PART VII LOBBYIST CERTIFICATION**

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p></p> <p>_____                  LOBBYIST SIGNATURE</p> <p>JAN - 5 2018                  DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>5<sup>th</sup></u> day of <u>January</u>, 2018.</p> <p>By:                   KYOKO PATOC, State of Hawaii                  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires:                  June 14, 2020</p>
--	---

Kyoko Patoc  
 Doc. Description: Annual Report  
 Doc. Date: 1/5/18 # Pages: 298-313  
 Notary Signature:  Date: 1/5/18





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

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

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## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) FUKUHARA, TROY T.		TELEPHONE (808) 548-4811
MAILING ADDRESS (Street) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) CASTLE & COOKE HOMES HAWAII, INC.		TELEPHONE (808) 548-4188
MAILING ADDRESS (No. and Street or P.O. Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL tfukuhara@castlecooke.com
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) CASTLE & COOKE, INC.		TELEPHONE (808) 548-4811
MAILING ADDRESS (No. and Street or P.O. Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0.00	Receptions, Meals, Food & Beverages	Amount 0.00
Preparation & Distribution of Lobbying Materials	Amount 0.00	Media Advertising	Amount 0.00
Entertainment & Events	Amount 0.00	Other	0.00
		TOTAL	0.00

**PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING**

Fees	Amount
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a

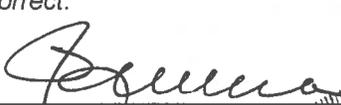
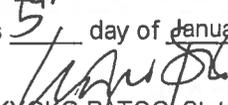
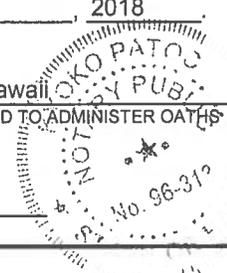
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

<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 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 checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME**

1. N/A	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

**PART VII LOBBYIST CERTIFICATION**

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p></p> <p>LOBBYIST SIGNATURE</p> <p>JAN - 5 2018</p> <p>DATE</p> <p>Kyoko Patoc                  Doc. Description: Annual Report                  Doc. Date: 1/5/18                  Notary Signature</p>	<p>Subscribed and sworn to before me</p> <p>This <u>5<sup>th</sup></u> day of <u>January</u>, 2018</p> <p>By: </p> <p>KYOKO PATOC, State of Hawaii                  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires:                  June 14, 2020</p> <p></p>
--	---



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

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

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## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Gemini / Iani, M Victor		TELEPHONE 808-587-7605
MAILING ADDRESS (Street) 119 Merchant Street, Ste. 605A		FAX
		EMAIL victor@hiappleseed.org
(City) Honolulu	(State) HI	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Appleseed Center for Law & Economic Justice ✓		TELEPHONE 808-587-7605
MAILING ADDRESS (No. and Street or P.O Box) 119 Merchant Street, Ste. 605A		FAX
		EMAIL info@hiappleseed.org
(City) Honolulu	(State) HI	(Zip Code) 96813

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL NONE	

**PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING**

Fees	Amount NA
Compensation	Amount \$ 500.00
Contributions	Amount NA
Membership Fees	Amount NA
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

<input 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: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME**

1. AFFORDABLE HOUSING	4.
2. VACATION RENTALS	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

**PART VII LOBBYIST CERTIFICATION**

I hereby certify that the foregoing statements are true and correct.   LOBBYIST SIGNATURE  DATE	Subscribed and sworn to before me This 10th day of January, 2018. By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS  My commission expires: 11/16/2020
---	---

Doc Date: 1/10/18 # Pages: 2  
 Name: MARRI TROM 1st Circuit



  
 Signature

1/10/18  
 Date



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

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

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# ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

'18 JAN 19 P1:04

PART I LOBBYIST		
NAME (Last) (First) (Middle) Gill, Gary L		TELEPHONE 366-8950
MAILING ADDRESS (Street) 2465 Booth Rd.		FAX —
(City) Honolulu	(State) HI	EMAIL garylgill@gmail.com
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) Self / Gary Gill Consultant		(Zip Code)
MAILING ADDRESS (No. and Street or P.O Box) Same		TELEPHONE Same
(City) Same		FAX —
(State) Same		EMAIL Same
		(Zip Code) Same

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Sierra Club of Hawaii		TELEPHONE 538-6616
MAILING ADDRESS (No. and Street or P.O Box) P.O. Box 2577		FAX —
(City) Honolulu	(State) HI	EMAIL hawaii
		(Zip Code)

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	Amount
	0		0
TOTAL			\$0.00

**PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING**

Fees	Amount	Ø
Compensation	Amount	
Contributions	Amount	Ø
Membership Fees	Amount	Ø
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a	

**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

<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: Bill No. _____ (Year) _____ Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME**

1. None to 0.1%	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

**PART VII LOBBYIST CERTIFICATION**

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p></p> <p>LOBBYIST SIGNATURE</p> <p>1/17/18</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This 17<sup>th</sup> day of January 2018</p> <p>By: </p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: 05-29-2019</p> 
---	--





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

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

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## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Gold Joy		TELEPHONE 808-368-1146
MAILING ADDRESS (Street) 1136 Union Mall, Ste. 403		FAX
		EMAIL joy@joygoldunlimited.com
(City) Honolulu	(State) HI	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) KYD, Inc. dba: K Yamada Distributors ✓		TELEPHONE 808-836-7301
MAILING ADDRESS (No. and Street or P.O Box) 2949 Koapaka Street		FAX
		EMAIL dy@kyd-inc.com
(City) Honolulu	(State) HI	(Zip Code) 96819

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0	Receptions, Meals, Food & Beverages	Amount 0
Preparation & Distribution of Lobbying Materials	Amount \$33.44	Media Advertising	Amount 0
Entertainment & Events	Amount 0	Other	
		TOTAL \$33.44	

**PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING**

Fees	Amount \$9,250
Compensation	Amount 0
Contributions	Amount 0
Membership Fees	Amount 0
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a

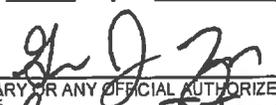
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

<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: Bill No. <u>71,73,108</u> (Year) <u>2017</u> Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME**

1. Polystyrene Food Container Ban: Ongoing	4.
2. Litter Reduction, Litter Management: Ongoing	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

**PART VII LOBBYIST CERTIFICATION**

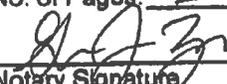
I hereby certify that the foregoing statements are true and correct.   LOBBYIST SIGNATURE  1/9/18 DATE	Subscribed and sworn to before me  This <u>9</u> day of <u>January</u> , <u>2018</u> .   NOTARY PUBLIC My commission expires: <u>6-18-21</u>
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**NOTARY PUBLIC CERTIFICATION**

Garrin J. Taga First Judicial Circuit  
 Doc. Description: Annual Report

Deadline: January 10 of each year  
 NOTE: This is a public document

No. of Pages: 2 Date of Doc. 1-9-18  
  
 Notary Signature 1-9-18  
 Date





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

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

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 ETHICS COMMISSION  
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## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Gold/Joy/		TELEPHONE 808-368-1146
MAILING ADDRESS (Street) 1136 Union Mall, Ste. 403		FAX
		EMAIL joy@joygoldunlimited.com
(City) Honolulu	(State) HI	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Meadow Gold Dairies/		TELEPHONE 944-5911
MAILING ADDRESS (No. and Street or P.O Box) 925 Cedar Street		FAX
		EMAIL john_erickson@deanfoods.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96814

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0	Receptions, Meals, Food & Beverages	Amount 0
Preparation & Distribution of Lobbying Materials	Amount 0	Media Advertising	Amount 0
Entertainment & Events	Amount 0	Other	0
		TOTAL	0

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING	
Fees	Amount \$1,700.00
Compensation	Amount 0
Contributions	Amount 0
Membership Fees	Amount 0
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED		
<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 type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input checked="" type="checkbox"/> Specific Legislation: Bill No. <u>Bill59</u> (Year) <u>2016</u> Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): waste management disposal; Meadow Gold Certificate		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME	
1. Bill 59: ordinance 17-37	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

PART VII LOBBYIST CERTIFICATION	
<i>I hereby certify that the foregoing statements are true and correct.</i>   LOBBYIST SIGNATURE 1/9/18 DATE	Subscribed and sworn to before me This <u>9</u> day of <u>January</u> , <u>2018</u> . By  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS Garrin J. Taga commission expires <u>6-18-21</u>

Rev. 12/2017



Deadline: January 10<sup>th</sup> of Each Year  
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## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Gold Joy		TELEPHONE 808-368-1146
MAILING ADDRESS (Street) 1136 Union Mall, Ste. 403		FAX
		EMAIL joy@joygoldunlimited.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96813
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box)		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Sugarland Growers, Inc.		TELEPHONE (808) 688-2892
MAILING ADDRESS (No. and Street or P.O Box) PO Box 27		FAX
		EMAIL ljefts@aloha.net
(City) Kunia	(State) Hawaii	(Zip Code) 96759

PART III EXPENDITURES, BY TYPE Not Applicable			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other	
		TOTAL	0

**PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING**

Fees	Amount \$250
Compensation	Amount 0
Contributions	Amount 0
Membership Fees	Amount 0
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a

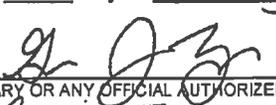
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

<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 type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input checked="" type="checkbox"/> Specific Legislation: Bill No. <u>Bill 66</u> (Year) <u>2016</u> Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME**

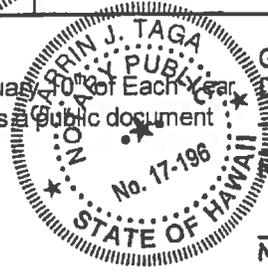
1. Bill 66: ordinance 17-02	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

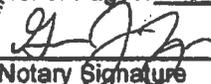
**PART VII LOBBYIST CERTIFICATION**

I hereby certify that the foregoing statements are true and correct.   LOBBYIST SIGNATURE  DATE <u>1/9/18</u>	Subscribed and sworn to before me This <u>9</u> day of <u>January</u> , <u>2018</u>  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS Garrin J. Taga My commission expires: <u>10-18-21</u>
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Rev. 12/2017

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