



**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/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU  
 ETHICS COMMISSION  
 RECEIVED

3 1-12-18 ✓

# ANNUAL REPORT

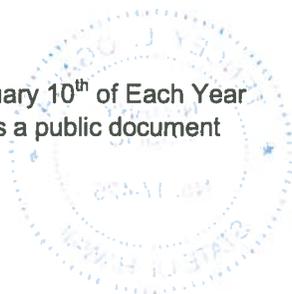
Lobbyist Annual Report  
 (Type or Print Clearly)

'18 JAN 10 P3:05

PART I LOBBYIST		
NAME (Last) (First) (Middle) Nakasone Dean T.		TELEPHONE 808-923-0407
MAILING ADDRESS (Street) 2270 Kalakaua Avenue Suite 1702		FAX 808-924-3843
		EMAIL DNakasone@hawaiilodging.org
(City) Honolulu	(State) HI	(Zip Code) 96815
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 Lodging & Tourism Association ✓		TELEPHONE 808-923-0407
MAILING ADDRESS (No. and Street or P.O Box) 2270 Kalakaua Avenue Suite 1702		FAX 808-924-3843
		EMAIL info@hawaiilodging.org
(City) Honolulu	(State) HI	(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 Lobbying constitutes 2% of annual salary	Amount \$1,500
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 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):		

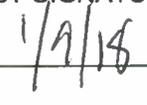
**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME**

1. Real Property Tax Rate for Hotels Reso 17-70	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

TENCEY L. OGAWA  
NOTARY PUBLIC  
No. 17-425  
STATE OF HAWAII

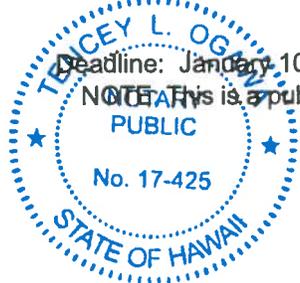
Subscribed and sworn to before me

This 9th day of January, 2018

By: 

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS  
 TENCEY L. OGAWA  
 My commission expires: 10/08/2021

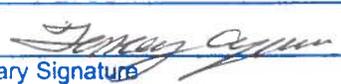
Rev. 12/2017



Doc. Date: UNDATED AT THE TIME OF NOTARY # Pages 2

Notary Name: Tencey L. Ogawa First Circuit

Doc. Description ANNUAL REPORT

  
 Notary Signature

01/09/2018  
 Date

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



**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  
 RECEIVED

4-23-18

'18 APR 20 P 3:35

## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Namiki, Noriko		TELEPHONE 695.2613
MAILING ADDRESS (Street) 1040 Richards St		FAX
		EMAIL nnamiki@ywcaoahu.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) Young Women's Christian Association, O'ahu		TELEPHONE 6952613
MAILING ADDRESS (No. and Street or P.O Box) 1040 Richards St		FAX
		EMAIL nnamiki@ywcaoahu.org
(City) Honolulu	(State) hi	(Zip Code) 96813

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 <u>0</u>	Amount
Compensation	Amount <u>\$48.04 4/10 4/2018</u>
Contributions <u>0</u>	Amount
Membership Fees <u>0</u>	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

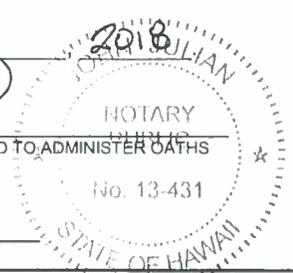
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

<input type="checkbox"/> Business & Economic Development	<input checked="" 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 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): <p style="text-align: center;">GIA for housing women coming from incarceration</p>		

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

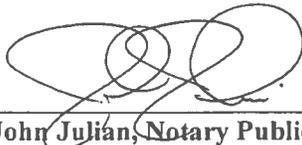
1. Testified in support of Young Women's Christian Association	4.
2. <u>City GIA for housing women leaving incarceration</u>	5.
3. <u>4/2018</u>	<input type="checkbox"/> Check here if additional sheets are attached

**PART VII LOBBYIST CERTIFICATION**

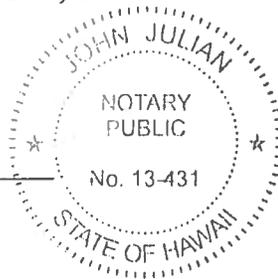
<p>I hereby certify that the foregoing statements are true and correct.</p> <p><u>[Signature]</u>                  LOBBYIST SIGNATURE</p> <p><u>4-10-2018</u>                  DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>10</u> day of <u>APRIL</u></p> <p>By: <u>[Signature]</u></p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS  <b>JOHN JULIAN</b>                  My commission expires: <u>12/08/2021</u></p> 
---	---

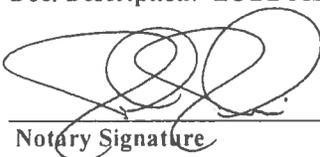
**STATE OF HAWAII  
CITY AND COUNTY OF HONOLULU  
FIRST JUDICIAL CIRCUIT**

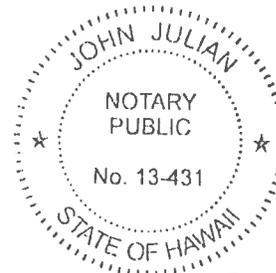
On April 10, 2018, before me personally appeared NORIKO NAMIKI, to me known to be the person (or persons) described in and who executed the foregoing instrument, and acknowledged that the person (or persons) executed the same as the person's (or persons') free act and deed.



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



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

THIS SPACE FOR OFFICE USE ONLY  
 HONOLULU ETHICS COMMISSION  
 RECEIVED

01-12-18

'18 JAN 12 A10 :29

## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Nellis Daniel X		TELEPHONE 808-621-3201
MAILING ADDRESS (Street) 1116 Whitmore Avenue		FAX 808-621-7410
		EMAIL dan.nellis@dole.com
(City) Wahiawa	(State) HI	(Zip Code) 96786
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) Dole Food Company Hawaii a division of Dole Food Company, Inc.		TELEPHONE 808-621-3200
MAILING ADDRESS (No. and Street or P.O Box) 1116 Whitmore Avenue		FAX 808-621-7410
		EMAIL
(City) Wahiawa	(State) HI	(Zip Code) 96786

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
Compensation	Amount \$500
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

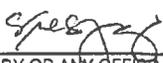
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

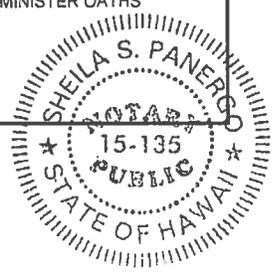
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> 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>SB 1309</u> (Year) <u>2017</u> Reso No. _____ (Year) _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): <u>IAL, North Shore Ag Committee</u>		

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

1. Testimony in support of SB 1309 Ag Land Exchange - bill determined by	4.
2. WTR & AEN committees	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  <u>1/9/2018</u> DATE	Subscribed and sworn to before me This <u>9th</u> day of <u>January</u> , 2018. By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>APR 05 2019</u>
--	---





Doc. Date: JAN 09 2018 # Pages: 2  
Name: Sheila S. Panergo 1st Circuit  
Doc. Description: Annual Report

Sheila S. Panergo JAN 09 2018  
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/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU  
 ETHICS COMMISSION  
 RECEIVED

31-17-18

'18 JAN 16 P2:49

## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Nip, Celeste		TELEPHONE (808) 531-4551
MAILING ADDRESS (Street) 222 South Vineyard Street, Suite 401		FAX (808) 533-4601
		EMAIL nipfire@hawaii.rr.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 nipfire@hawaii.rr.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@americanchemists.org
(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

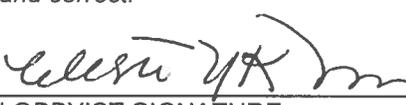
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

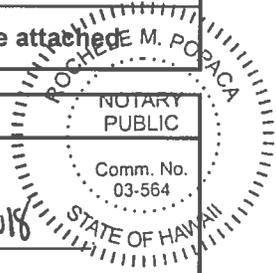
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<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**

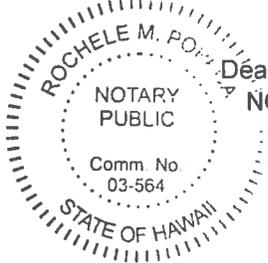
1. Bill 17-71 Deferred	4. Resolution 17-311 Introduced
2. Bill 17-73 Deferred	5. Resolution 17-340 Introduced
3. Bill 17-108 Introduced	<input type="checkbox"/> Check here if additional sheets are attached

**PART VII LOBBYIST CERTIFICATION**

I hereby certify that the foregoing statements are true and correct.   LOBBYIST SIGNATURE  1/12/18 DATE	Subscribed and sworn to before me This <u>10th</u> day of <u>January</u> , 2018 By:  Rochele M. Popaca NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: SEP 28 2019
--	---



Rev. 12/2017



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

Doc. Description: Annual Report

Doc. Date: 1/12/18 No. Pages: Two  
First  
 Notary Printed Name: \_\_\_\_\_  
 Jud. Circuit



**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/>

THIS SPACE FOR OFFICE USE ONLY  
 HONOLULU  
 ETHICS COMMISSION  
 RECEIVED  
*Jan. 22 - 18*  
 '18 JAN 10 P7:07

## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) ORMAN, LINDSAY E.		TELEPHONE (808) 537-6100
MAILING ADDRESS (Street) 733 BISHOP STREET, SUITE 1900		FAX (808) 537-5434
		EMAIL lorman@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 \$ 29,385.85
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**

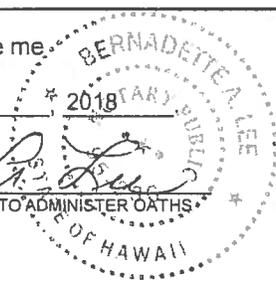
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> 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 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 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/>

HONOLULU  
 ETHICS COMMISSION ONLY  
 THIS SPACE FOR OFFICE USE ONLY  
 RECEIVED  
 1-12-18  
 '18 JAN 10 P7:06

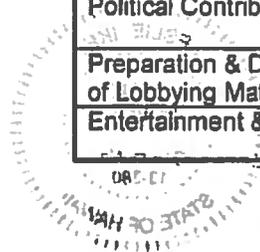
## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

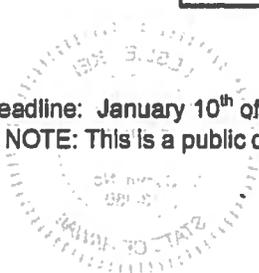
PART I LOBBYIST		
NAME (Last) (First) (Middle) OSHIMA, Alan M.		TELEPHONE 808-543-4800
MAILING ADDRESS (Street) P. O. Box 2750		FAX 808-203-1500
		EMAIL alan.oshima@hawaiianelectric.co
(City) Honolulu	(State) HI	(Zip Code) 96840
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity 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	



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



Rev. 12/2017

**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

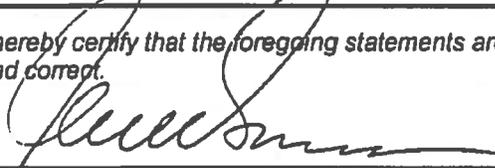
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

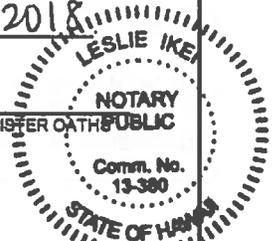
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> 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

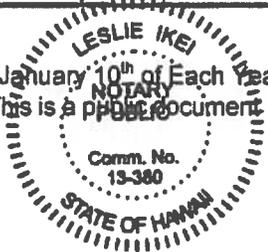
**PART VII LOBBYIST CERTIFICATION**

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> , 2018 By:  _____ NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: 11/3/21
---	--



Rev. 12/2017

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



Doc. Date: 1/4/18 # Pages: 2  
 Name: Leslie Ikei 1<sup>st</sup> Circuit  
 Doc. Description: Honolulu Ethics Comm. Annual Report  
 \_\_\_\_\_  
 Notary Signature \_\_\_\_\_ Date 1/4/18  
 My Commission Expires 11/21/21



**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/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU  
 ETHICS COMMISSION  
 RECEIVED

01-12-18 ✓

'18 JAN 10 AM 11:02

## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Oshiro Paul T.		TELEPHONE (808) 525-6640
MAILING ADDRESS (Street) P. O. Box 3440		FAX (808) 525-6677
		EMAIL poshiro@abhi.com
(City) Honolulu	(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)		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 (808) 525-6640
MAILING ADDRESS (No. and Street or P.O Box) P. O. Box 3440		FAX (808) 525-6677
		EMAIL poshiro@abhi.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96801

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 None	
		TOTAL	\$0.00

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

Fees	Amount \$0.00
Compensation	Amount \$1,593
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 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. <u>58</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. Important Agricultural Lands County Mapping (Pending)	4.
2. Affordable Housing Policy (Pending)	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  December 27, 2017 DATE	Subscribed and sworn to before me This <u>27<sup>th</sup></u> day of <u>December</u> , <u>2017</u> By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS <b>CHERYL A. ONISHI</b> My commission expires: <u>APR 17 2021</u>
--	---



CITY AND COUNTY OF HONOLULU  
ETHICS COMMISSION  
LOBBYIST ANNUAL REPORT FORM

HONOLULU  
ETHICS COMMISSION  
RECEIVED

Name Oto Mark K.  
(Print) Last First Middle  
Business Address 3138 Waialae Avenue No. 915 17 OCT 17 P 1:14  
Honolulu, HI 96816 Phone 808-221-8731  
(Street, City, State, Zip Code)  
Email Address: moto\_hi2002@yahoo.com

State name and address of organization you lobbied for.

Hawaii Medical Service Assn.  
818 Keeaumoku St. P.O. Box 860  
Honolulu, HI Honolulu, HI 96808

State total amount received as a lobbyist representing contributions, membership fees and other receipts related to lobbying activities.

None - no lobbying City in 2017

State total amount expended for lobbying by lobbyist.

None - did not lobby City in 2017

List results of the legislation you sought to influence.

Not applicable. No issues on which I lobbied the City in 2017.

Other information.

This is my final report. I will no longer be lobbying for HMSA.

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: \_\_\_\_\_

*Notary certificate & notarization on next page*

**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

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

On this 12<sup>th</sup> day of October, 2017, before me personally appeared Mark K. Ota, to me known to be the person(s) described in and who executed the foregoing instrument and acknowledged the he/~~she~~/~~they~~ executed the same as his/~~her~~/~~their~~ free act and deed.

L.S.

Witness my hand and seal.

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

Document Date: No Date # Pages: 2

Notary Name: Kimberly Jonas First Circuit

L.S.

Document Description: City & County of Honolulu  
Ethics Commission Lobbyist  
Annual Report Form

Kimberly Jonas 10/12/17  
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/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU  
 ETHICS COMMISSION  
 RECEIVED  
 1-22-18 ✓

# ANNUAL REPORT

'18 JAN 10 P 7:01

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Pavlicek, Melissa ✓		TELEPHONE 808-447-1840
MAILING ADDRESS (Street) 1099 Alakea Street Suite 2530		FAX
(City) Honolulu		EMAIL mpavlicek@hawaiiipublicpolicy.co
(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) Hawaii Public Policy Advocates, LLC		TELEPHONE 808-447-1840
MAILING ADDRESS (No. and Street or P.O Box) 1099 Alakea Street Suite 2530		FAX
(City) Honolulu		EMAIL
(State) HI	(Zip Code) 96813	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Safeway ✓		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box) 5918 Stoneridge Mall Road		FAX
(City) Pleasanton		EMAIL
(State) CA	(Zip Code) 94588	

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 01/12/18

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

Fees	Amount \$3,000
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 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 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. Monitor environmental & business regulations	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><u>Melie Parker</u></p> <p>LOBBYIST SIGNATURE</p> <p><u>1/9/18</u></p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>9th</u> day of <u>January</u>, 2018</p> <p>By: <u>[Signature]</u></p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>9/18/2018</u></p>
--	---

Doc Date: 1/9/2018 # Pages: 2  
Name: Charlotte Nakayama First Circuit  
Doc. Description: Annual Report

[Signature] 1/9/2018  
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/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU  
 ETHICS COMMISSION  
 RECEIVED  
 01-22-18 ✓

## ANNUAL REPORT

'18 JAN 10 P 7:01

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Pavlicek, Melissa ✓		TELEPHONE 808-447-1840
MAILING ADDRESS (Street) 1099 Alakea Street Suite 2530		FAX
		EMAIL mpavlicek@hawaiipublicpolicy.co
(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) Hawaii Public Policy Advocates, LLC		TELEPHONE 808-447-1840
MAILING ADDRESS (No. and Street or P.O Box) 1099 Alakea Street Suite 2530		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Schnitzer Steel Hawaii Corp ✓		TELEPHONE 503-708-9714
MAILING ADDRESS (No. and Street or P.O Box) 91-056 Hanua Street		FAX
		EMAIL
(City) Kapolei	(State) HI	(Zip Code) 96707

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 to 01/12/18

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

Fees	Amount \$6,500
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 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. Support for county recycling programs	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><u>Melvin Particev</u>                  LOBBYIST SIGNATURE</p> <p><u>1/9/18</u>                  DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>9th</u> day of <u>January</u>, <u>2018</u>.</p> <p>By: <u>[Signature]</u>                  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>9/18/2018</u></p>
---	---

Doc Date: 1/9/2018 # Pages: 2  
Name: Charlotte Nakayama First Circuit  
Doc. Description: Annual Report

[Signature] 1/9/2018  
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/>

HONOLULU  
 THIS SPACE FOR OFFICE USE ONLY  
 ETHICS COMMISSION  
 RECEIVED  
 01-12-18  
 '18 JAN -9 P2:58

## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Peters, Shane Hoaliku		TELEPHONE (808) 421-9879
MAILING ADDRESS (Street) 3655 Kawelolani Place		FAX
		EMAIL shane@peters-comm.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96816
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) Peters Communications, LLC		TELEPHONE (808) 421-9879
MAILING ADDRESS (No. and Street or P.O Box) 3655 Kawelolani Place		FAX
		EMAIL shane@peters-comm.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96816

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Airbnb, Inc. ✓		TELEPHONE (415) 389-6800
MAILING ADDRESS (No. and Street or P.O Box) c/o Joel Aurora NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP 2350 Kerner Blvd., Ste. 250		FAX
		EMAIL jaurora@nmgovlaw.com
(City) San Rafael	(State) Hawaii	(Zip Code) 96816

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

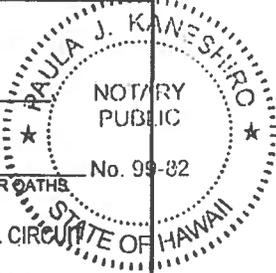
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

<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 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. (see Other) (Year) 2017 Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): Resos 17-52, 17-163, 17-164, 17-301		

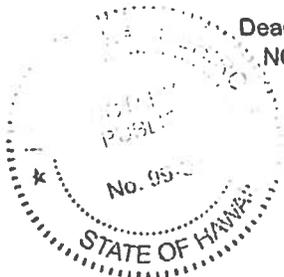
**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME**

1. short-term rental and land use policies, ONGOING	4. Reso 17-164 Passed
2. Reso 17-52 Passed	5. Reso 17-301 Passed
3. Reso 17-163 Passed	<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 ____ day of <u>JAN - 9 2018</u> By: <u>Paula Kaneshiro</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS PAULA J. KANESHIRO PUBLIC FIRST JUDICIAL CIRCUIT STATE OF HAWAII My commission expires 2/16/19	
---	---	---

Rev. 12/2017



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

Doc. Date:	<u>JAN - 9 2018</u>	# Pages:	<u>2</u>
Notary Name:	PAULA J. KANESHIRO First Circuit		
Doc. Description:	<u>Annual Report</u>		
Notary Signature:	<u>Paula Kaneshiro</u>	Date:	<u>JAN - 9 2018</u>



**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  
 THIS SPACE FOR OFFICE USE ONLY  
 ETHICS COMMISSION  
 RECEIVED  
 01/12/18  
 '18 JAN -9 P2:58

## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Peters, Shane, Hoaliku		TELEPHONE (808) 421-9879
MAILING ADDRESS (Street)  3655 Kawelolani Place		FAX
		EMAIL <a href="mailto:shane@peters-comm.com">shane@peters-comm.com</a>
(City) Honolulu	(State) Hawaii	(Zip Code) 96816
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) Peters Communications, LLC		TELEPHONE (808) 421-9879
MAILING ADDRESS (No. and Street or P.O Box)  3655 Kawelolani Place		FAX
		EMAIL <a href="mailto:shane@peters-comm.com">shane@peters-comm.com</a>
(City) Honolulu	(State) Hawaii	(Zip Code) 96816

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
		EMAIL <a href="mailto:lindsay_stovall@americanchemistry.com">lindsay_stovall@americanchemistry.com</a>
(City) Sacramento	(State) California	(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
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input checked="" type="checkbox"/> n/a

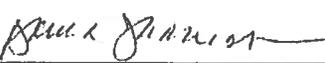
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

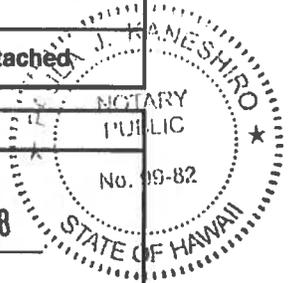
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input 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 checked="" type="checkbox"/> Other (indicate below): <b>Bill 17-108, Bill 17-73, Bill 17-71</b>		

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

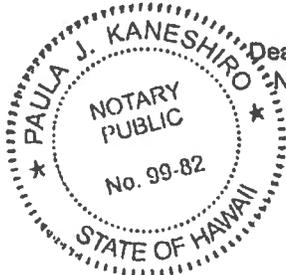
1. Bill 17-108 introduced	4.
2. Bill 17-73 deferred	5.
3. Bill 17-71 deferred	<input type="checkbox"/> Check here if additional sheets are attached

**PART VII LOBBYIST CERTIFICATION**

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 1/7/18 DATE	Subscribed and sworn to before me This ____ day of <u>JAN - 9</u> 2018 By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS PAULA J. KANESHIRO My commission expires NOTARY PUBLIC FIRST JUDICIAL CIRCUIT STATE OF HAWAII COMMISSION EXPIRES 2/16/19
---	---

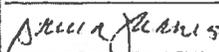


Rev. 12/2017



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

NOTE: This is a public document

Doc Date: <u>JAN - 9 2018</u>	# Pages: <u>2</u>
Notary Name: PAULA J. KANESHIRO First Circuit	
Doc. Description: <u>Annual Report</u>	
	<u>JAN - 9 2018</u>
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/>

THIS SPACE FOR OFFICE USE ONLY  
 HONOLULU  
 ETHICS COMMISSION  
 RECEIVED

03 3-8-18

'18 MAR -5 A9:54

## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Rabago, Reena		TELEPHONE (808) 531-4551
MAILING ADDRESS (Street) 222 South Vineyard Street, Suite 401		FAX (808) 533-4601
(City) Honolulu	(State) HI	EMAIL rrabago@808cch.com
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		(Zip Code) 96813
MAILING ADDRESS (No. and Street or P.O. Box) 222 South Vineyard Street, Suite 401		TELEPHONE (808) 531-4551
		FAX (808) 531-4551
		EMAIL rrabago@808cch.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

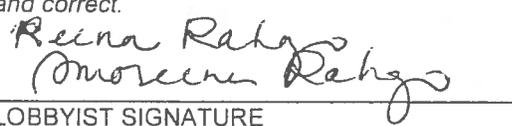
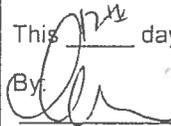
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

<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. <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 17-58 Passed second reading	4.
2. Bill 17-59 Passed second reading	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

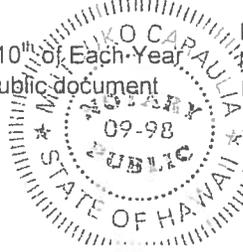
**PART VII LOBBYIST CERTIFICATION**

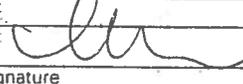
I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE DATE <u>01-12-2018</u>	Subscribed and sworn to before me This <u>1<sup>st</sup></u> day of <u>January</u> , 2018 By:  MUTSUKO CARAULIA NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires <u>Notary Public, First Judicial Circuit</u> State of Hawaii My commission expires: April 5, 2021
---	---



Rev. 12/2017

Deadline: January 10<sup>th</sup> of Each Year  
 NOTE: This is a public document  
 Doc. Date: JAN 12 2018 # Pages: 2  
 Name: Mutsuko Caraula 1<sup>st</sup> Circuit  
 Doc. Description: Annual Report



  
 Signature Date JAN 12 2018

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/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU  
 ETHICS COMMISSION  
 RECEIVED

3.5.18

'18 MAR -5 A9:52

## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Rolf, David Henry		TELEPHONE 808 593-1533
MAILING ADDRESS (Street) 1100 Alakea St. Suite 2601		FAX 808 593-0569
		EMAIL drolf@hawaiidealer.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) Rolf Advertising		TELEPHONE 808 593-1533
MAILING ADDRESS (No. and Street or P.O Box) 1100 Alakea St. Suite 2601		FAX 808 593-0569
		EMAIL drolf@hawaiidealer.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Automobile Dealers Association		TELEPHONE 808 593-0031
MAILING ADDRESS (No. and Street or P.O Box) 1100 Alakea St. Suite 2601		FAX 808 593-0569
		EMAIL
(City) Honolulu	(State) Hawaii	(Zip Code) 96813

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount \$1,700	Receptions, Meals, Food & Beverages	Amount \$0
Preparation & Distribution of Lobbying Materials	Amount under \$20	Media Advertising	Amount \$0
Entertainment & Events	Amount \$0	Other	
		TOTAL \$1,720	

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

Fees	Amount \$0
Compensation total lobbying fee for the year	Amount \$27,252
Contributions Total dealer contributions to HADA PAC in '17	Amount \$11,000
Membership Fees	Amount \$0
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

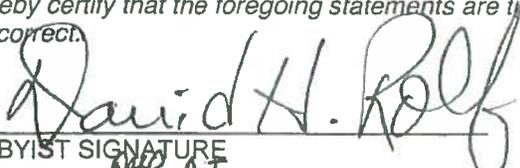
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

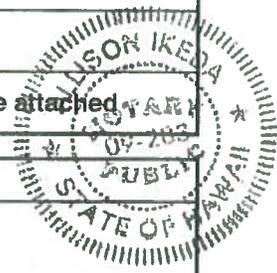
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input checked="" type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<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. Bill 64 (Year) 2016 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. helping to create online vehicle registration for used cars <i>Bill 64 (2016) - became law; passed</i>	4.
2.	5.
3.	<input type="checkbox"/> Check here if additional sheets are attached

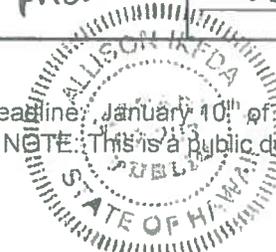
**PART VII LOBBYIST CERTIFICATION**

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE DATE <i>2-20-18 replaces report sent on old report form prior to 1-10-18 deadline</i>	Subscribed and sworn to before me This <i>26th</i> day of <i>February</i> , <i>2018</i> . By: <i>Allison Ikeda</i> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS <i>Allison Ikeda, State of Hawaii, First Circuit, Notary Public</i> My commission expires: <i>05/31/2021</i>
--	--



Rev. 12/2017

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



Joc. Date: *02/26/18* # Pages: *2*  
 Notary Name: *Allison Ikeda* First Circuit  
 Doc. Description: *Lobbyist Annual Report*  
*Allison Ikeda* *02/26/18*  
 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/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU  
 ETHICS COMMISSION  
 RECEIVED

01-19-18

'18 JAN 17 P12:36

## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) (First) (Middle) Sabas, Jennifer G ✓		TELEPHONE 808292934	
MAILING ADDRESS (Street) 725 Kapiolani Blvd, Suite C400		FAX	
		EMAIL jennifer@kaimanahila.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) Kaimana Hila		TELEPHONE 808-292-9234	
MAILING ADDRESS (No. and Street or P.O Box) 725 Kapiolani Blvd, Suite C400		FAX	
		EMAIL jennifer@kaimanahila.com	
(City) Honolulu	(State) HI	(Zip Code) 96813	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Move Oahu Forward ✓		TELEPHONE 808-292-9234	
MAILING ADDRESS (No. and Street or P.O Box) PO Box 1329		FAX	
		EMAIL info@moveoahufoward.org	
(City) Honolulu	(State) HI	(Zip Code) 96807	

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount \$2,250	Receptions, Meals, Food & Beverages	Amount none
Preparation & Distribution of Lobbying Materials	Amount none	Media Advertising	Amount none
Entertainment & Events	Amount none	Other	
		TOTAL \$2,250	

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

Fees	Amount
Compensation	Amount \$12,000
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

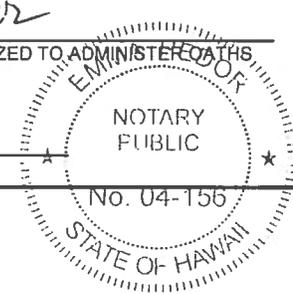
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

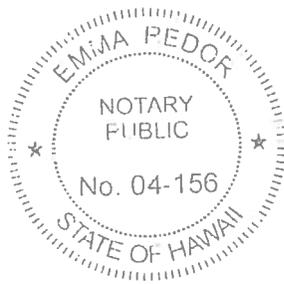
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> 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. funding support for the rail project	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><u>Genie G. Schatz</u>                  LOBBYIST SIGNATURE</p> <p><u>1/17/2018</u>                  DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>17<sup>th</sup></u> day of <u>January</u>, <u>2018</u></p> <p>By: <u>Emma Reder</u>                  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>3/28/2020</u></p> 
--	---



*Notary Certification*  
Doc. Date: 1/17/2018 # Pages 2  
Notary Name: Emma Redor First Circuit  
Doc. Description Annual Report -  
Lobbyist Honolulu Ethics Comm.  
ER 1/17/2018  
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/>

HONOLULU  
 ETHICS COMMISSION  
 THIS SPACE FOR COMMISSION USE ONLY  
 RECEIVED  
*on 3-20-18*  
 '18 MAR 20 A9:17

## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Sabas, John R.		TELEPHONE (808) 523-2500
MAILING ADDRESS (Street) 1001 Bishop Street, Suite 2100		FAX (808) 523-0842
		EMAIL <a href="mailto:jsabas@carlsmith.com">jsabas@carlsmith.com</a>
(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) Carlsmith Ball LLP		TELEPHONE (808) 523-2500
MAILING ADDRESS (No. and Street or P.O Box) 1001 Bishop Street, Suite 2100		FAX (808) 523-0842
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Carlsmith Ball LLP		TELEPHONE (808) 523-2500
MAILING ADDRESS (No. and Street or P.O Box) 1001 Bishop Street, Suite 2100		FAX (808) 523-0842
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813

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

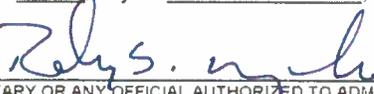
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

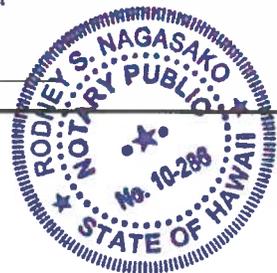
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input 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. N/A	4.
2. STATE OF HAWAII	5.
3. CITY AND COUNTY OF HONOLULU ) SS.	<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 March 15, 2018 _____ DATE	Subscribed and sworn to before me This 15th day of March, 2018 By:  _____ NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS Rodney S. Nagasako My commission expires: SEP 05 2018
---	--



NOTARY PUBLIC CERTIFICATION

Rodney S. Nagasako 1st Judicial Circuit

Doc. Description: ANNUAL REPORT - LODDY 1ST  
ANNUAL REPORT

No. of Pages: 5 Date of Doc. MAR 15 2018

Rodney S. Nagasako MAR 15 2018  
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/>

THIS SPACE FOR OFFICE USE ONLY  
 HONOLULU  
 ETHICS COMMISSION  
 RECEIVED  
 1-12-18 /  
 '18 JAN -9 P 4:39

## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Sabas, John R.		TELEPHONE 808.523.2500
MAILING ADDRESS (Street) 1001 Bishop Street, Suite 2100		FAX 808.523.0842
		EMAIL <a href="mailto:jsabas@carlsmith.com">jsabas@carlsmith.com</a>
(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) Carlsmith Ball LLP		TELEPHONE 808.523.2500
MAILING ADDRESS (No. and Street or P.O Box) 1001 Bishop Street, Suite 2100		FAX 808.523.0845
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) GGP Ala Moana L.L.C. (General Growth Properties, Inc.)		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box) 110 N. Wacker Drive		FAX
		EMAIL
(City) Chicago	(State) IL	(Zip Code) 60606

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			N/A

**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

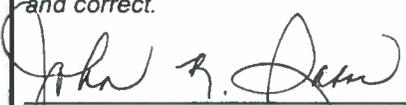
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

<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 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. NONE to a/alic	4.
2.	5.
3.	STATE OF HAWAII <input checked="" type="checkbox"/> Check here if additional sheets are attached ) SS. CITY AND COUNTY OF HONOLULU

**PART VII LOBBYIST CERTIFICATION**

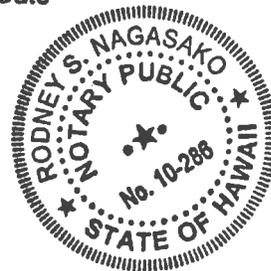
I hereby certify that the foregoing statements are true and correct.  _____ LOBBYIST SIGNATURE 01/9/18 _____ DATE	Subscribed and sworn to before me This 9 <sup>TH</sup> day of JANUARY 2018. By: Rodney S. Nagasako _____ NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS Rodney S. Nagasako My commission expires SEP 05 2018
--	---



NOTARY PUBLIC CERTIFICATION  
Rodney S. Nagasako 1<sup>ST</sup> Judicial Circuit  
Doc. Description: ANNUAL REPORT -  
LOISBYIST ANNUAL REPORT

No. of Pages: 3 Date of Doc. JAN 09 2018

Rodney S. Nagasako JAN 09 2018  
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/>

HONOLULU  
 THIS SPACE FOR OFFICE USE ONLY  
 ETHICS COMMISSION  
 RECEIVED  
 '18 JAN -5 A10 :30  
 1-5-18

## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

<b>PART I LOBBYIST</b>		
NAME (Last) (First) (Middle) Sadoski / Benjamin / Charles		TELEPHONE 808-941-2141
MAILING ADDRESS (Street) 1516 South King Street		FAX 808-941-2166
		EMAIL bsadoski@5.unitehere.org
(City) Honolulu	(State) HI	(Zip Code) 96826
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) UNITE HERE Local 5		TELEPHONE 808-941-2141
MAILING ADDRESS (No. and Street or P.O Box) 1516 South King Street		FAX 808-941-2166
		EMAIL 0
(City) Honolulu	(State) HI	(Zip Code) 96826

<b>PART III EXPENDITURES, BY TYPE</b>			
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 \$600.
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>15</u> (Year) <u>2017</u> Reso No. <u>17-303</u> (Year) <u>2017</u> Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): Bill 74 (2015); Bill 75 (2015); Bill 62 (2017); Resolution 17-221 (2017) (and related permit application 2017/SDD-24); Resolution 17-52 (2017)		

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

1. See attached	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.

[Signature]  
 LOBBYIST SIGNATURE

1/4/18  
 DATE

STATE OF HAWAII  
 County of Honolulu  
 Subscribed and sworn to before me

This 4<sup>th</sup> day of January, 2018.

By: [Signature] Susan E. Milton  
 NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires: March 15, 2018



Bill / Reso	Subject	Outcome
15 (2017)	Modifications of the Land Use Ordinance re: IPD-T permits in Transit Oriented Development zones	Passed
74 (2015)	Modifications of the Land Use Ordinance re: PD-T permits in Transit Oriented Development zones	Passed
75 (2015)	Modifications of the Land Use Ordinance	Passed
17-303	Modifications of the Land Use Ordinance re: PD-R and PD-A permits	Passed
17-221 (and related permit application 2017/SDD-24)	IPD-T Permit for the 1500 Kapiolani Project	Passed
62 (2017)	Modifications of the Land Use Ordinance re: joint development	Passed
17-52	Regulation and enforcement re: Vacation Rentals	Passed



**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/>

THIS SPACE FOR OFFICE USE ONLY  
 HONOLULU  
 ETHICS COMMISSION  
 RECEIVED

01.12.18

'18 JAN 11 P3:42

## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Sakamoto-Lee, Stefanie		TELEPHONE 808-524-4155
MAILING ADDRESS (Street) 1000 Bishop Street, Suite 503		FAX
		EMAIL stef@sakamotoconsulting.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 Same
MAILING ADDRESS (No. and Street or P.O Box) Same		FAX
		EMAIL toyofuku@hiadvocates.com
(City)	(State)	(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Uber Technologies		TELEPHONE
MAILING ADDRESS (No. and Street or P.O Box) 1455 Market Street, #400		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	

**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

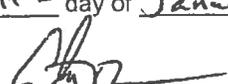
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

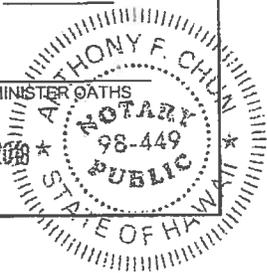
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input 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. 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>1/11/18</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>11<sup>th</sup></u> day of <u>January</u>, 2018</p> <p>By: </p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS Anthony F. Chiu</p> <p>My commission expires: SEP - 7 2018</p>
--	---



NOTARY CERTIFICATION  
Signature \_\_\_\_\_  
Date \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Doc. Description: \_\_\_\_\_  
Name: \_\_\_\_\_  
Circuit \_\_\_\_\_  
# Pages: \_\_\_\_\_  
Doc Date: \_\_\_\_\_

Doc Date: 1/11/18 # Pages: 2  
Name: Anthony F. Chun 1st Circuit  
Doc. Description: Annual Report

[Signature] \_\_\_\_\_  
Signature \_\_\_\_\_ Date 1/11/18

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/>

THIS SPACE FOR OFFICE USE ONLY  
 HONOLULU  
 ETHICS COMMISSION  
 RECEIVED  
 31-12-18  
 '18 JAN -9 P 3:02

## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) SAUNDERS, HARRY 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 HAWAII		TELEPHONE (808) 548-4188
MAILING ADDRESS (No. and Street or P.O. Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL hsaunders@castlecooke.com
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817

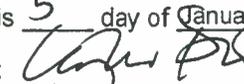
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) CASTLE & COOKE HOMES HAWAII, INC.		TELEPHONE (808) 548-4811
MAILING ADDRESS (No. and Street or P.O. Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817

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 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. NONE \$0 of value	4.
2.	5.
3.	<input 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></p> <p>_____            LOBBYIST SIGNATURE</p> <p>_____            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:  <u>June 14, 2020</u></p>

Kyoko Patoc, Notary Public, State of Hawaii, No. 96-313, Commission Expires June 14, 2020.

Kyoko Patoc, First Judicial Circuit, Notary Public, State of Hawaii, No. 96-313, Commission Expires June 14, 2020.

Doc. Description: Annual Report  
 Doc. Date: 1/5/18 # Pages: 2  
 Notary Signature:  Date: 1/5/18

Rev. 12/2017 Deadline: January 10<sup>th</sup> of Each Year  
 NOTE: This is a public document



**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  
 THIS SPACE FOR ETHICS COMMISSION USE ONLY  
 RECEIVED

21-12-18

'18 JAN -9 P 3:01

## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) SAUNDERS, HARRY 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 HAWAII		TELEPHONE (808) 548-4188
MAILING ADDRESS (No. and Street or P.O. Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL hsaunders@castlecooke.com
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817

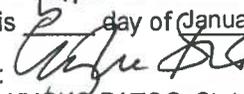
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) CASTLE & COOKE PROPERTIES, INC. ✓		TELEPHONE (808) 548-4811
MAILING ADDRESS (No. and Street or P.O. Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL
(City) HONOLULU	(State) HAWAII	(Zip Code) 96817

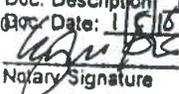
PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount 0.00	Receptions, Meals, Food & Beverages	Amount 0.00
Preparation & Distribution of Lobbying Materials	Amount 0.00	Media Advertising	Amount 0.00
Entertainment & Events	Amount 0.00	Other	0.00
		TOTAL 0.00	

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 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. NONE 600/02/18	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 JAN - 5 2018 DATE	Subscribed and sworn to before me This 5 <sup>th</sup> day of January 2018 By:  KYOKO PATOC, State of Hawaii NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: June 14, 2020

NOTARY CERTIFICATION  
 Kyoko Patoc, First Judicial Circuit  
 Doc. Description: Annual Report  
 Rev. 12/2017 Date: 1/5/18 # Pages: 2 Deadline: January 10<sup>th</sup> of Each Year  
 Notary Signature:  Date: 1/5/18  
 NOTE: This is a public document



**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/>

THIS SPACE FOR OFFICIAL USE ONLY  
 HONOLULU ETHICS COMMISSION  
 RECEIVED

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) SAUNDERS, HARRY 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 HAWAII		TELEPHONE (808) 548-4188
MAILING ADDRESS (No. and Street or P.O Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL hsaunders@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

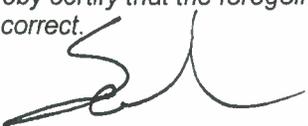
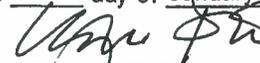
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

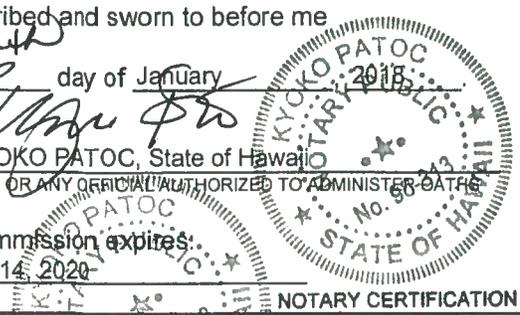
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<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):		

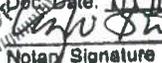
**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME**

1. NONE to localis	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                  JAN - 5 2018                  _____                  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:                   KYOKO PATOC, State of Hawaii                  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires:                  June 14, 2020</p> <p style="text-align: center;"><b>NOTARY CERTIFICATION</b></p>
--	---



Kyoko Patoc First Judicial Circuit  
 DoB: Description: Annual Report  
 Date: 1/5/18 # Pages: 2  
 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/>

HONOLULU  
 ETHICS COMMISSION  
 THIS SPACE FOR OFFICE USE ONLY  
 RECEIVED  
 03 1-12-18  
 '18 JAN 10 P 7:05

## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) SEU, Scott W. H.		TELEPHONE 808-543-4805
MAILING ADDRESS (Street) P. O. Box 2750		FAX 808-203-1355
		EMAIL <a href="mailto:scott.seu@hawaiianelectric.com">scott.seu@hawaiianelectric.com</a>
(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	

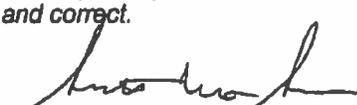
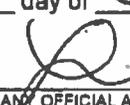
Rev. 12/2017

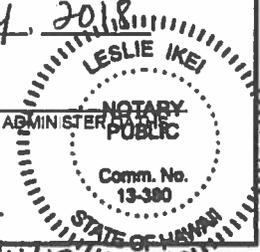
Deadline: January 10<sup>th</sup> of Each Year  
 NOTE: This is a public document

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>I hereby certify that the foregoing statements are true and correct.</i>  _____ LOBBYIST SIGNATURE 1/4/18 _____ DATE	Subscribed and sworn to before me This <u>4th</u> day of <u>January</u> , 2018. By:  _____ NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>11/3/21</u> _____



Rev. 12/2017

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

Doc. Date: 1/4/18 Pages: 2  
 Name: Leslie Ikei 1st Circuit  
 Doc. Description: Honolulu Ethic Comm Annual Report  
 \_\_\_\_\_  
 Notary Signature \_\_\_\_\_ Date 1/4/18  
 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/>

THIS SPACE FOR OFFICE USE ONLY  
 HONOLULU  
 ETHICS COMMISSION  
 RECEIVED  
 18 JAN -2 P 3:35 91518

## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

<b>PART I LOBBYIST</b>		
NAME (Last) (First) (Middle) <b>ShigeKuni, Vincent R</b>		TELEPHONE <b>521-5631</b>
MAILING ADDRESS (Street) <b>1001 Bishop Street, Suite 650</b>		FAX
		EMAIL <b>vshigekuni@pbrhawaii.com</b>
(City) <b>Honolulu</b>	(State) <b>Hawaii</b>	(Zip Code) <b>96813</b>
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) <b>PBR Hawaii &amp; Associates, Inc.</b>		TELEPHONE <b>521-5631</b>
MAILING ADDRESS (No. and Street or P.O Box) <b>1001 Bishop Street, Suite 650</b>		FAX
		EMAIL <b>vshigekuni@pbrhawaii.com</b>
(City) <b>Honolulu</b>	(State) <b>Hawaii</b>	(Zip Code) <b>96813</b>

<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate). <b>DG Development and Investments, Inc. ✓</b>		TELEPHONE <b>(435) 703-1800</b>
MAILING ADDRESS (No. and Street or P.O Box) <b>10421 South Jordan Parkway, Suite 600</b>		FAX
		EMAIL <b>dangifford10@gmail.com</b>
(City) <b>South Jordan</b>	(State) <b>UT</b>	(Zip Code) <b>84095</b>

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

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

Fees	Amount 0
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**

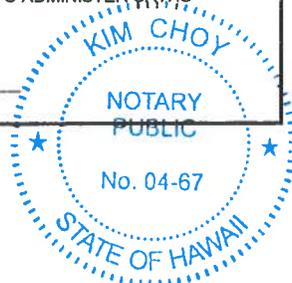
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input 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. increase in resort sign square footage - unsuccessful	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  12/27/17 _____ DATE	Subscribed and sworn to before me This <sup>27th</sup> day of <u>December</u> , 2017. By:  <b>KIM CHOY</b> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS  My commission expires: <u>12-22-20</u>
---	---

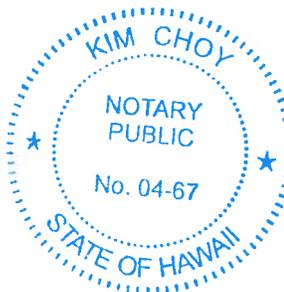


Doc. Date: 12-27-17 # Pages 2

Notary Name: Kim Choy First Circuit

Doc. Description Annual Report

 12-27-17  
Notary Signature Date



KIM CHOY



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

*31.12.18*

Name	<u>Slovin</u>	<u>Gary</u>	<u>M.</u>
	<small>(Print) Last</small>	<small>First</small>	<small>Middle</small>
Business Address	<u>999 Bishop Street, #1400, Honolulu, HI 96813</u>		Phone <u>808-539-0428</u>
	<small>(Street, City, State, Zip Code)</small>		
Email Address:	<u>gslovin@awlaw.com</u>		
State name and address of organization you lobbied for.			
	<u>Wyndham Vacation Ownership</u>		
	<u>6277 Sea Harbor Drive</u>		
	<u>Orlando, FL 32821</u>		
State total amount received as a lobbyist representing contributions, membership fees and other receipts related to lobbying activities.			
	\$0		
State total amount expended for lobbying by lobbyist.			
	\$0		
List results of the legislation you sought to influence.			
	N/A		
Other information.			
	None		

Doc. Date: DEC 21 2017 # Pages: 1

Name: Uilani R. Souza First Circuit

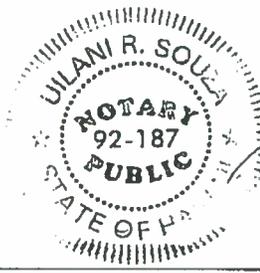
Doc. Description: City and County of Honolulu Ethics Commission Lobbyist Annual Report Form

*Uilani R. Souza* Signature DEC 21 2017 Date

NOTARY CERTIFICATION

<p>I hereby certify that the foregoing statements are true and correct.</p> <p><i>B. G. Slovin</i></p> <p align="center">(Signature)</p>	<p>Subscribed and sworn to before me</p> <p>This <u>21st</u> day of <u>December</u>, 2017.</p> <p>By <i>Uilani R. Souza</i></p> <p align="center">Notary or any official authorized to administer oaths</p> <p>My commission expires: <u>March 24, 2020</u></p>
--	---

HONOLULU ETHICS COMMISSION RECEIVED JAN 10 17:03 '18



**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

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

HONOLULU  
ETHICS COMMISSION  
RECEIVED

17 JUL 21 11:58

Name Suga-Nakagawa Audrey  
(Print) Last First Middle

Business Address 1132 Bishop Street, Suite 1920, Honolulu, HI 96813 Phone (808) 545-6005  
(Street, City, State, Zip Code)

Email Address: asuga-nakagawa@aarp.org

State name and address of organization you lobbied for.  
 AARP Hawaii  
 1132 Bishop Street, Suite 1920  
 Honolulu, HI 98613

State total amount received as a lobbyist representing contributions, membership fees and other receipts related to lobbying activities.  
 0.00

State total amount expended for lobbying by lobbyist.  
 0.00

List results of the legislation you sought to influence.  
 No lobbying during reporting period.

Other information.

I hereby certify that the foregoing statements are true and correct.

  
 (Signature)

Subscribed and sworn to before me  
 This 19<sup>th</sup> day of July, 2017

By   
 Notary or any official authorized to administer oaths

My commission expires: May 8, 2021

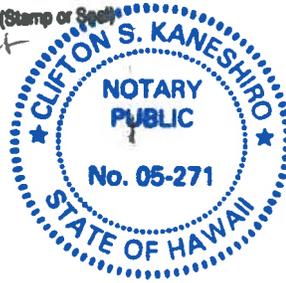


**DUE DATE OF THIS REPORT IS JANUARY 10 OF EACH YEAR**

(See back of this form for information.)  
**PLEASE RETAIN A COPY FOR YOUR RECORDS** See attached Notary Certificate

97-21-17

Doc. Date: JUL 19 2017 # Pages: 1  
Notary Name: Clifton S. Kaneshiro 1st Circuit  
Doc. Description: Mayor Lele of Hawaii (Stamp or Seal)  
Ethics Commission Lobbyist Forward Report  
[Signature] 7/19/2017  
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/>

THIS SPACE FOR OFFICE USE ONLY  
 HONOLULU  
 ETHICS COMMISSION  
 RECEIVED

*By 1-22-18*

'18 JAN 22 P12 :25

## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Sword, Max J		TELEPHONE
MAILING ADDRESS (Street) P.O. Box 22782		FAX
		EMAIL mswordconsulting@aol.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96823
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) Max J Sword & Associates		TELEPHONE 808 927 3700
MAILING ADDRESS (No. and Street or P.O Box) P.O. Box 22782		FAX
		EMAIL
(City) Honolulu	(State) Hawaii	(Zip Code) 96823

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Outrigger Enterprises Group		TELEPHONE 808 921 6616
MAILING ADDRESS (No. and Street or P.O Box) 2375 Kuhio Ave.		FAX
		EMAIL ed.case@outrigger.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96815

PART III EXPENDITURES, BY TYPE					
Political Contributions	Amount	11,000	Receptions, Meals, Food & Beverages	Amount	259.90
Preparation & Distribution of Lobbying Materials	Amount		Media Advertising	Amount	
Entertainment & Events	Amount		Other		
			<b>TOTAL</b>		<b>11,259.90</b>

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

Fees	Amount
Compensation	Amount 34,000
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

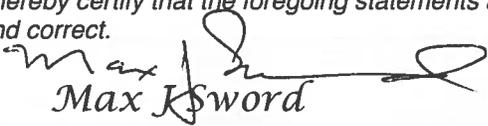
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input 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. TVUs	4.
2. Zoning Changes	5.
3. Liquor Rules	<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.  Max Ksword _____ LOBBYIST SIGNATURE 1/5/18 _____ DATE	Subscribed and sworn to before me This _____ day of _____ By: _____ NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: _____ _____
---	---

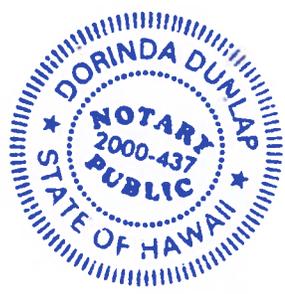
*Handwritten note: All attached Notary Certificate 1/18/18 dd*

STATE OF HAWAII )  
 )  
CITY AND COUNTY OF HONOLULU )

Subscribed and sworn to before me this 18<sup>th</sup> day of January, 2018

by Max J. Sword

Dorinda Dunlap  
Notary Public, State of Hawaii  
Dorinda Dunlap



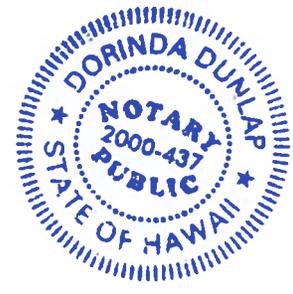
My commission expires September 15, 2020

NOTARY CERTIFICATION STATEMENT

Doc. Date: January 5, 2018 No. of Pages: 1 + notary page

Dorinda Dunlap Jurisdiction: First Circuit  
Printed Name of Notary

Document Identification or Description: Honolulu Ethics Commission Annual Lobbyist Report



Dorinda Dunlap January 18, 2018  
Signature of Notary Date of Notarization and Certification Statement



**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/>

THIS SPACE FOR OFFICE USE ONLY  
 HONOLULU  
 ETHICS COMMISSION  
 RECEIVED

*ag 1.22.18 ag 7.13.18*

'18 JAN 22 P12:25

## ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Sword, MAX J		TELEPHONE
MAILING ADDRESS (Street) P.O. Box 22782		FAX
		EMAIL mswordconsulting@aol.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96823
LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) Max J Sword & Associates		TELEPHONE 808 927 3700
MAILING ADDRESS (No. and Street or P.O Box) P.O. Box 22782		FAX
		EMAIL
(City) Honolulu	(State) Hawaii	(Zip Code) 96823

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Outrigger Enterprises Group / <i>Hotels Hawaii 808 921 6616</i>		TELEPHONE 808 921 6616
MAILING ADDRESS (No. and Street or P.O Box) 2375 Kuhio Ave.		FAX
		EMAIL ed.case@outrigger.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96815

PART III EXPENDITURES, BY TYPE					
Political Contributions	Amount	11,000	Receptions, Meals, Food & Beverages	Amount	259.90
Preparation & Distribution of Lobbying Materials	Amount		Media Advertising	Amount	
Entertainment & Events	Amount		Other		
TOTAL					11,259.90

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

Fees	Amount
Compensation	Amount 34,000
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets are attached	<input type="checkbox"/> n/a

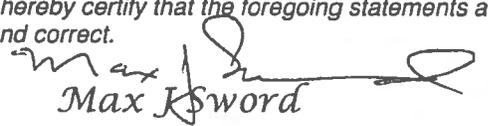
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input 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. TVUs	4.
2. Zoning Changes	5.
3. Liquor Rules	<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>                  Max Ksword</p> <p>_____                  LOBBYIST SIGNATURE</p> <p>1/5/18                  _____                  DATE</p>	<p>Subscribed and sworn to before me</p> <p>This ____ day of _____</p> <p>By: _____</p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: _____</p> <p><i>Not attached Notary Certificate 1/18/18 dd</i></p>
---	---

STATE OF HAWAII )  
 )  
CITY AND COUNTY OF HONOLULU )

Subscribed and sworn to before me this 18<sup>th</sup> day of January, 2018

by Max J. Sword

Dorinda Dunlap  
Notary Public, State of Hawaii  
Dorinda Dunlap

My commission expires September 15, 2020



NOTARY CERTIFICATION STATEMENT

Doc. Date: January 5, 2018 No. of Pages: 1 + notary page

Dorinda Dunlap Jurisdiction: First Circuit  
Printed Name of Notary

Document Identification or Description: Honolulu Ethics  
Commission Annual Lobbyist Report



Dorinda Dunlap January 18, 2018  
Signature of Notary Date of Notarization and  
Certification Statement