



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

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

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## 2018 ANNUAL REPORT

Lobbyist Annual Report  
 (January 1 – December 31, 2018)  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Nellis Daniel X		
LOBBYIST FIRM/EMPLOYER (if applicable) <i>Dole Food Company Hawaii</i>		TELEPHONE 808-621-3201
MAILING ADDRESS (No. and Street or P.O. Box) 1116 Whitmore Avenue		FAX 808-621-7410
		EMAIL dan.nellis@dole.com
(City) Wahiawa	(State) HI	(Zip Code) 96786

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 <input type="checkbox"/> Additional Sheet(s) Attached	
TOTAL NONE			

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

Fees	Amount
Compensation	Amount \$ 360
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a

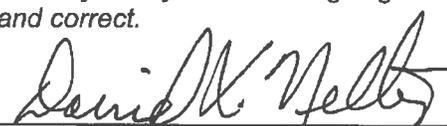
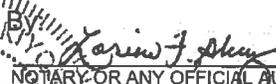
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

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

**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)**

1.	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

**PART VII LOBBYIST CERTIFICATION**

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE DATE <u>1/2/2019</u>	Subscribed and sworn to before me This <u>2nd</u> day of <u>January</u> , 2019.  LORINE F. AKIYOSHI NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires <u>NOV 12 2022</u> 11/2/2022 over for certification
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Doc. Date: undated # Pages: 2  
Name: Lorine F. Akiyoshi First Circuit  
Doc. Description: 2018 Annual  
Report - Lobbyist Certification  
Lorine F. Akiyoshi 1/2/2019  
Signature Date

NOTARY CERTIFICATION





**HONOLULU ETHICS COMMISSION**  
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## 2018 ANNUAL REPORT

Lobbyist Annual Report  
 (January 1 – December 31, 2018)  
 (Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) (First) (Middle) Nip, Celeste			
LOBBYIST FIRM/EMPLOYER (if applicable) Capitol Consultants of Hawaii, LLP		TELEPHONE (808) 531-4551	
MAILING ADDRESS (No. and Street or P.O Box) 222 South Vineyard Street, Suite 401		FAX (808) 533-4601	
		EMAIL celeste.nip@808cch.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@americanchemistry.	
(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 <input type="checkbox"/> Additional Sheet(s) Attached	
		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 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 checked="" type="checkbox"/> Parks & Recreation	<input checked="" type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached  Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below):		

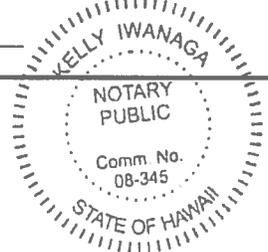
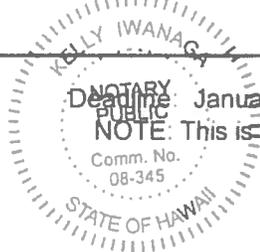
**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)**

1. Bill 17-71	Outcome: Deferred	4. Bill 18-92	Outcome: Introduced
2. Bill 17-73	Outcome: Deferred	5.	Outcome:
3. Bill 17-108	Outcome: Deferred	<input type="checkbox"/> Additional Sheet(s) Attached	

**PART VII LOBBYIST CERTIFICATION**

I hereby certify that the foregoing statements are true and correct.   LOBBYIST SIGNATURE  1/25/19 DATE	Subscribed and sworn to before me  This 25 <sup>th</sup> day of January, 2019.  By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS  My commission expires: AUG 24 2020
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Rev 11/2018  
 Doc. Description: Lobbyist Annual Report  
 Doc. Date: JAN 24 2019  
 No. Pages: 2  
 Kelly Iwanaga  
 Notary Printed Name



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



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## 2018 ANNUAL REPORT

Lobbyist Annual Report  
 (January 1 – December 31, 2018)  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) ORMAN, LINDSAY E.		
LOBBYIST FIRM/EMPLOYER (if applicable) 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 lorman@stamlaw.com
(City) HONOLULU	(State) HAWAII	(Zip Code) 96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) HILTON		TELEPHONE (703) 883-1000
MAILING ADDRESS (No. and Street or P.O. Box) 7930 JONES BRANCH DRIVE		FAX
		EMAIL
(City) MCLEAN	(State) VIRGINIA	(Zip Code) 22102

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 <input type="checkbox"/> Additional Sheet(s) Attached Photocopying: \$12.56; Scanning: \$3.21	
		TOTAL \$15.77	

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

Fees	Amount \$4,308.11
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a

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

<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input checked="" type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input checked="" type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. <u>89</u> (Year) <u>2018</u> Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)**

1. Bill 89 (2018)	Outcome: Referred to committee-pending	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

**PART VII LOBBYIST CERTIFICATION**

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p><u>Andy C...</u>                  LOBBYIST SIGNATURE</p> <p><u>1-10-19</u>                  DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>10<sup>th</sup></u> day of <u>January</u>, <u>2019</u>.</p> <p>By: <u>Bernadette G. Lee</u>                  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires:  <u>6/29/2019</u></p>
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## 2018 ANNUAL REPORT

Lobbyist Annual Report  
 (January 1 – December 31, 2018)  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) ORMAN, LINDSAY E.		
LOBBYIST FIRM/EMPLOYER (if applicable) 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 lorman@stamlaw.com
(City) HONOLULU	(State) HAWAII	(Zip Code) 96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) PARK HOTELS & RESORTS INC.		TELEPHONE (571) 302-5757
MAILING ADDRESS (No. and Street or P.O. Box) 1775 TYSONS BLVD., 7TH FLOOR		FAX
		EMAIL
(City) TYSONS	(State) VIRGINIA	(Zip Code) 22102

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 <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL 0	

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

Fees	Amount 11,571.20
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a

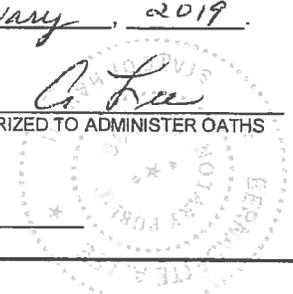
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

<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: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. <u>13</u> (Year) <u>2018</u> Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)**

1. BILL 13 (2018)	Outcome: PASSED	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

**PART VII LOBBYIST CERTIFICATION**

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p><u><i>Andy Oua</i></u>                  LOBBYIST SIGNATURE</p> <p><u>1-8-19</u>                  DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>8<sup>th</sup></u> day of <u>January</u>, <u>2019</u>.</p> <p>By: <u><i>Sumathi A. Lee</i></u>                  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires:  <u>6/29/2019</u></p> 
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NOTARY CERTIFICATION STATEMENT

Doc. Date: January 8, 2019  Undated at time of notarization

Document Description: Honolulu Ethics Commission - 2018 Annual Report (Lindsay E. Orman)

No. of Pages: 3

Jurisdiction: First Judicial Circuit  
Honolulu, Hawaii

Bernadette A. Lee January 8, 2019  
Signature of Notary Date of Notarization and  
Certification Statement

**BERNADETTE A. LEE**

Printed Name of Notary



(Official Stamp or Seal)

NOTARY CERTIFICATION STATEMENT

Doc. Date: January 10, 2019  Undated at time of notarization

Document Description: Honolulu Ethics Commission - 2018 Annual Report (Lindsay E. Orman)

No. of Pages: 3

Jurisdiction: First Judicial Circuit  
Honolulu, Hawaii

Bernadette A. Lee  
Signature of Notary

January 10, 2019  
Date of Notarization and  
Certification Statement

**BERNADETTE A. LEE**  
Printed Name of Notary



(Official Stamp or Seal)



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

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## 2018 ANNUAL REPORT

Lobbyist Annual Report  
 (January 1 – December 31, 2018)  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) ORMAN, LINDSAY E.		
LOBBYIST FIRM/EMPLOYER (if applicable) 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 lorman@starnlaw.com
(City) HONOLULU	(State) HAWAII	(Zip Code) 96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) TURTLE BAY RESORT, LLC		TELEPHONE (808) 293-6000
MAILING ADDRESS (No. and Street or P.O. Box) 57-091 KAMEHAMEHA HIGHWAY		FAX
		EMAIL
(City) KAHUKU	(State) HAWAII	(Zip Code) 96731

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 <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL 0	

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

Fees	Amount 60.73
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a

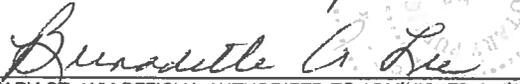
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

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

**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)**

1.	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

**PART VII LOBBYIST CERTIFICATION**

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE DATE <u>1-8-19</u>	Subscribed and sworn to before me This <u>8<sup>th</sup></u> day of <u>January</u> , <u>2019</u> . By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>6/09/2019</u>
---	--





**HONOLULU ETHICS COMMISSION**  
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## 2018 ANNUAL REPORT

Lobbyist Annual Report  
 (January 1 – December 31, 2018)  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) OSHIMA, Alan M.		
LOBBYIST FIRM/EMPLOYER (if applicable) Hawaiian Electric Company, Inc.		TELEPHONE 808-543-4800
MAILING ADDRESS (No. and Street or P.O. Box) P.O. Box 2750		FAX 808-203-1500
		EMAIL alan.oshima@hawaiianelectric.com
(City) Honolulu	(State) HI	(Zip Code) 96840

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaiian Electric Company, Inc.		TELEPHONE 808-543-4800
MAILING ADDRESS (No. and Street or P.O. Box) P.O. Box 2750		FAX
		EMAIL alan.oshima@hawaiianelectric.com
(City) Honolulu	(State) HI	(Zip Code) 96840

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
	0		0
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
	0		0
Entertainment & Events	Amount	Other <input type="checkbox"/> Additional Sheet(s) Attached	
	0		
		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 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: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

## PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. None in 2018	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

## PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p style="text-align: center;"></p> <p>_____                  LOBBYIST SIGNATURE</p> <p style="text-align: center;"><u>December 17, 2018</u></p> <p>_____                  DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>17<sup>th</sup></u> day of <u>December</u>, <u>2018</u>.</p> <p>By: </p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>11/30/21</u></p>
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Doc. Date: 12/17/18 # Pages: 2  
Name: Leslie Ann Kaiser 1st Circuit  
Doc. Description: Honolulu Ethics Comm  
2018 Annual Report  
Leslie Ann Kaiser 12/17/18  
Notary Signature Date  
My Commission Expires 11/3/21





**HONOLULU ETHICS COMMISSION**  
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 Website: <http://www.honolulu.gov/ethics/>

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## 2018 ANNUAL REPORT

Lobbyist Annual Report  
 (January 1 – December 31, 2018)  
 (Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) (First) (Middle) Oshiro Paul T.			
LOBBYIST FIRM/EMPLOYER (if applicable) Alexander & Baldwin		TELEPHONE (808) 525-6640	
MAILING ADDRESS (No. and Street or P.O. Box) 822 Bishop Street		FAX (808) 525-6677	
		EMAIL poshiro@abhi.com	
(City) Honolulu	(State) HI	(Zip Code) 96813	

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) 822 Bishop Street		FAX (808) 525-6677	
		EMAIL poshiro@abhi.com	
(City) Honolulu	(State) HI	(Zip Code) 96813	

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount \$ .00	Receptions, Meals, Food & Beverages	Amount \$ .00
Preparation & Distribution of Lobbying Materials	Amount \$ .00	Media Advertising	Amount \$ .00
Entertainment & Events	Amount \$ .00	Other <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL \$ .00	

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

Fees	Amount \$0.00
Compensation	Amount \$2,031.00
Contributions	Amount \$0.00
Membership Fees	Amount \$0.00
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a

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

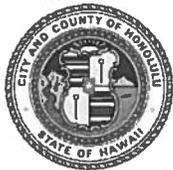
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability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

**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)**

1. Bill 16 (2018) JP 1/23	Outcome: Pass	4.	Outcome:
2. Bill 11 (2018) JP 1/23	Outcome: Deferred	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) 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>12/18/18</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This 18<sup>th</sup> day of December 2018</p> <p>By:  CHERYL A. ONISHI                  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: APR 17 2021</p> <p>Doc. Date: Undated # Pages: 2                  Notary Name: Cheryl A. Onishi - First Circuit                  Doc. Description: 2018 Annual Report</p>
--	---



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

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

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## 2018 ANNUAL REPORT

Lobbyist Annual Report  
 (January 1 – December 31, 2018)  
 (Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) (First) (Middle) Pavlicek, Melissa			
LOBBYIST FIRM/EMPLOYER (if applicable) 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 mpavlicek@hawaiipublicpolicy.com	
(City) Honolulu	(State) HI	(Zip Code) 96813	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) BOMA Hawaii		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 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 <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL 0	

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

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

## PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

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

## PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1.	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

## PART VII LOBBYIST CERTIFICATION

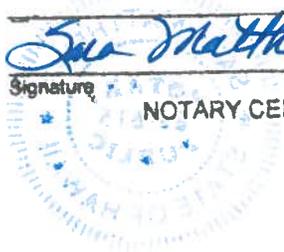
<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p style="font-size: 2em; font-family: cursive;">[Signature]</p> <p>LOBBYIST SIGNATURE</p> <p>1/23/19</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>23</u> day of <u>January</u>, <u>2019</u>.</p> <p>By: <u>[Signature]</u></p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>12/29/2022</u></p>
--	---



Doc Date: 1/23/19 # Pages: 2  
Name: SARA MATTHEWS First Circuit  
Doc. Description: 2018 Annual Report

Sara Matthews 1/23/19  
Signature Date

NOTARY CERTIFICATION





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

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

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## 2018 ANNUAL REPORT

Lobbyist Annual Report  
(January 1 – December 31, 2018)  
(Type or Print Clearly)

<b>PART I LOBBYIST</b>		
NAME (Last) (First) (Middle) Pavlicek, Melissa		
LOBBYIST FIRM/EMPLOYER (if applicable) 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 mpavlicek@hawaiipublicpolicy.com
(City) Honolulu	(State) HI	(Zip Code) 96813

<b>PART II ORGANIZATION</b>		
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
		EMAIL
(City) Pleasanton	(State) CA	(Zip Code) 94588

<b>PART III EXPENDITURES, BY TYPE</b>			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL 0	

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

Fees	Amount 3000
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a

## PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

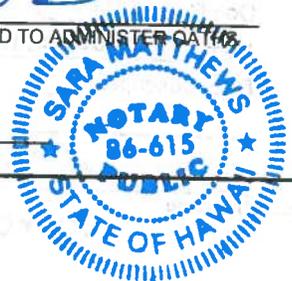
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input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

## PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1.	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

## PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p style="font-size: 1.5em; font-family: cursive;">[Signature]</p> <p>LOBBYIST SIGNATURE</p> <p>1/23/19</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>23</u> day of <u>January</u>, 2019.</p> <p>By: <u>[Signature]</u></p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>12/29/2022</u></p>
--	--



Doc Date: 1/23/19 # Pages: 2  
Name: SARA MATTHEWS First Circuit  
Doc. Description: 2018 Annual Report

*Sara Matthews* 1/23/19  
Signature Date

NOTARY CERTIFICATION





# HONOLULU ETHICS COMMISSION

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

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

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

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## 2018 ANNUAL REPORT

Lobbyist Annual Report  
(January 1 – December 31, 2018)  
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) (First) (Middle) Pavlicek, Melissa			
LOBBYIST FIRM/EMPLOYER (if applicable) 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 mpavlicek@hawaiipublicpolicy.com	
(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 jhudson@sch.n.com	
(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 <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL 0	

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

Fees	Amount 2500
Compensation	Amount
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a

## PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

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

## PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1.	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

## PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p style="font-size: 2em; font-family: cursive;">[Signature]</p> <p>LOBBYIST SIGNATURE</p> <p>1/23/19</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>23</u> day of <u>January</u>, <u>2019</u>.</p> <p>By: <u>[Signature]</u></p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>12/29/2022</u></p>
--	---



Doc Date: 1/23/19 # Pages: 2  
Name: SARA MATTHEWS First Circuit  
Doc. Description: 2018 Annual Report

Sara Matthews 1/23/19  
Signature Date

NOTARY CERTIFICATION





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

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

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## 2018 ANNUAL REPORT

Lobbyist Annual Report  
 (January 1 – December 31, 2018)  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Peters, Shane, Hoaliku		
LOBBYIST FIRM/EMPLOYER (if applicable) 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, Designated Agent for Filer 2350 Kerner Blvd., Ste. 250		FAX (415) 388-6874
		EMAIL airbnbinc@nmgovlaw.com
(City) San Rafael	(State) California	(Zip Code) 94901

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other <input type="checkbox"/> Additional Sheet(s) Attached	
		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 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: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input 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 (e.g., Bill X (2018), passed)**

1.	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

**PART VII LOBBYIST CERTIFICATION**

I hereby certify that the foregoing statements are true and correct.   _____ LOBBYIST SIGNATURE  11/19 _____ DATE	Subscribed and sworn to before me  This ____ day of _____, _____.  By: _____ NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS  My commission expires: _____
--	---

see attached Hawaii  
 Rev 11/2018  
 Jurat with  
 affidavit statement

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

**HAWAII JURAT WITH AFFIANT STATEMENT**

State of Hawaii }  
City of Honolulu } ss.  
County of Honolulu

- See attached document (Notary to cross out lines 1-7 below.)
- See statement below (Lines 1-7 to be completed only by document signer(s).)

1  
2  
3  
4  
5  
6  
7

*Out*

Signature of Signer No. 1

Signature of Signer No. 2 (if any)

This TWO page 2018 Annual Report  
No. of Pages Description of Document Airbnb, Inc  
dated Undated was subscribed and sworn  
Document Date

to before me this 01<sup>st</sup> day of January, 20 19, in the  
Day Month Year

FIRST Circuit Court of the State of Hawaii, by  
Name of Circuit  
Shane H Peters (.) (.)

Name of Signer No. 1  
(and

Name of Signer No. 2, if any

[Signature] JAN 09 2019  
Signature of Notary Date

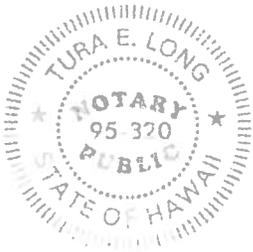
Tura E. Long

Notary Public, First Judicial Circuit  
State of Hawaii  
My commission expires: April 25, 2020

Printed Name

Place Notary Seal or Stamp Above

My commission expires: \_\_\_\_\_





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

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

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## 2018 ANNUAL REPORT

Lobbyist Annual Report  
 (January 1 – December 31, 2018)  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Peters, Shane, Hoaliku		
LOBBYIST FIRM/EMPLOYER (if applicable) Peters Communications		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) American Chemistry Council		TELEPHONE (916) 448-2581
MAILING ADDRESS (No. and Street or P.O. Box) 1121 L Street, Suite 609		FAX
		EMAIL lindsay_stovall@americanchemistry.com
(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 <input type="checkbox"/> Additional Sheet(s) Attached	
		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 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: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): <b>Bills 17-71, 17-73, 17-108, 18-92</b>		

**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)**

1. Bill 17-71	Outcome: Deferred	4. Bill 18-92	Outcome: Introduced
2. Bill 17-73	Outcome: Deferred	5.	Outcome:
3. Bill 17-108	Outcome: Deferred	<input type="checkbox"/> Additional Sheet(s) Attached	

**PART VII LOBBYIST CERTIFICATION**

I hereby certify that the foregoing statements are true and correct.  _____ LOBBYIST SIGNATURE 1/9/19 _____ DATE	Subscribed and sworn to before me This ____ day of _____, _____. By: _____ NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: _____
---	---

Rev. 11/2018 *See attached Hawaii Jurat with Affiant statement* Deadline: January 10<sup>th</sup> of Each Year  
 NOTE: This is a public document

**HAWAII JURAT WITH AFFIANT STATEMENT**

State of Hawaii

City: Honolulu  
County of Honolulu

} ss.

- See attached document (Notary to cross out lines 1-7 below.)
- See statement below (Lines 1-7 to be completed only by document signer[s].)

1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_  
 4 \_\_\_\_\_  
 5 \_\_\_\_\_  
 6 \_\_\_\_\_

Ⓟ

Signature of Signer No. 1

Signature of Signer No. 2 (if any)

This Two page 2018 Annual Report  
No. of Pages Description of Document  
 dated Undated American Chemistry Council  
Document Date was subscribed and sworn

to before me this 9<sup>th</sup> day of January, 2019, in the  
Day Month Year

First Circuit Court of the State of Hawaii, by  
Name of Circuit  
Shane H Peters (.) (.)

Name of Signer No. 1

(and

Name of Signer No. 2, if any

JAN 09 2019

Signature of Notary

Date

Tura E. Long

**Notary Public, First Judicial Circuit  
State of Hawaii**

Printed Name of Notary My commission expires: April 25, 2020

Place Notary Seal or Stamp Above

My commission expires: \_\_\_\_\_





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

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

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## 2018 ANNUAL REPORT

Lobbyist Annual Report  
(January 1 – December 31, 2018)  
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Rolf, David Henry		
LOBBYIST FIRM/EMPLOYER (if applicable) Rolf Advertising (self-employed)		TELEPHONE 808 593-1533
MAILING ADDRESS (No. and Street or P.O Box) 1100 Alakea St. Suite 2601		FAX 808 593-0569
		EMAIL <a href="mailto:drolf@hawaiiidealer.com">drolf@hawaiiidealer.com</a>
(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 <a href="mailto:drolf@hawaiiidealer.com">drolf@hawaiiidealer.com</a>
(City) Honolulu	(State) Hawaii	(Zip Code)

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount \$300	Receptions, Meals, Food & Beverages	Amount \$68.93
Preparation & Distribution of Lobbying Materials	Amount 0	Media Advertising	Amount 0
Entertainment & Events	Amount 0	Other <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL \$368.93	

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

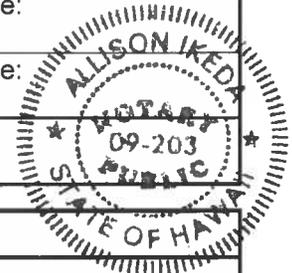
Fees	Amount 27,252.00
Compensation	Amount 0
Contributions	Amount \$15,000.00
Membership Fees	Amount 0
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a

## 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 checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. 18-221 CD1, FD1 proposed Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

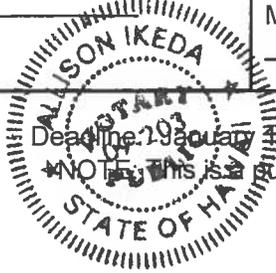
## PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. Re: Res. 18-221, CD1, FD1	Outcome: HADA supported amendments,	4. <i>passed. [initials]</i>	Outcome:
2. Online Vehicle Registration	Outcome: attended monthly meetings with	5. <i>Dr. IT Mark Wong [initials]</i>	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	



## PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p style="font-size: 2em; text-align: center;"><i>David H. Roby</i></p> <p>LOBBYIST SIGNATURE</p> <p>January 8, 2019</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>8th</u> day of <u>January</u>, 2019.</p> <p>By: <i>Allison Ikeda</i></p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS  <i>Allison Ikeda, Notary Public, State of Hawaii,</i>                  My commission expires: <u>05/31/21</u> <i>First Circuit</i></p>
---	---





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

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

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## 2018 ANNUAL REPORT

Lobbyist Annual Report  
 (January 1 – December 31, 2018)  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Sabas, Jennifer G		
LOBBYIST FIRM/EMPLOYER (if applicable) 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) Lyft		TELEPHONE 415-595-2323
MAILING ADDRESS (No. and Street or P.O. Box) 185 Berry St. #5000		FAX
		EMAIL tracilee@lyft.com
(City) San Francisco	(State) CA	(Zip Code) 94107

PART III EXPENDITURES, BY TYPE					
Political Contributions	Amount	3,500	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 <input type="checkbox"/> Additional Sheet(s) Attached		
			TOTAL 3,500		

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

Fees	Amount
Compensation	Amount 69,506.70
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a

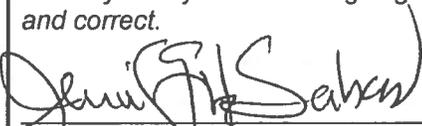
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

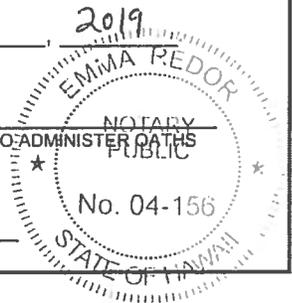
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input checked="" type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability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

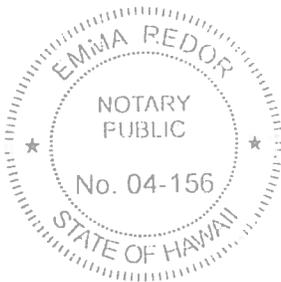
**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)**

1. Bill 25 (2018)	Outcome: Council passed; Mayor vetoed	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

**PART VII LOBBYIST CERTIFICATION**

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p>                  LOBBYIST SIGNATURE</p> <p>1/15/2019                  DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>15<sup>th</sup></u> day of <u>January</u>, <u>2019</u></p> <p>By: <u>Emma Redor</u></p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>3/28/2020</u></p>
--	---





Doc. Date: 1/15/2019 # Pages 2  
Notary Name: Emma Redor First Circuit  
Doc. Description: Lobbyist Certification  
[Signature] 1/15/2019  
Notary Signature Date



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

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

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'19 JAN -8 P2:51

## 2018 ANNUAL REPORT

Lobbyist Annual Report  
 (January 1 – December 31, 2018)  
 (Type or Print Clearly)

<b>PART I LOBBYIST</b>		
NAME (Last) (First) (Middle) Sabas, John R.		
LOBBYIST FIRM/EMPLOYER (if applicable) 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 <a href="mailto:jsabas@carlsmith.com">jsabas@carlsmith.com</a>
(City) Honolulu	(State) HI	(Zip Code) 96813

<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Artspace Projects, Inc.		TELEPHONE (612) 889-3905
MAILING ADDRESS (No. and Street or P.O. Box) 250 Third Avenue North, Suite 400		FAX
		EMAIL <a href="mailto:greg.handberg@artspace.org">greg.handberg@artspace.org</a>
(City) Minneapolis	(State) MN	(Zip Code) 55401

<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 <input type="checkbox"/> Additional Sheet(s) Attached	
		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 attached	<input checked="" type="checkbox"/> n/a

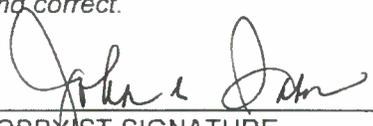
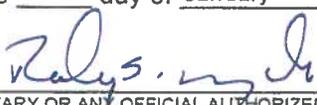
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

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

**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)**

1. n/a	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

**PART VII LOBBYIST CERTIFICATION**

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p>                  _____                  LOBBYIST SIGNATURE</p> <p>01/08/2019                  _____                  DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>8<sup>TH</sup></u> day of <u>January</u>, 2019.</p> <p>By:                   _____                  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires:  <u>SEP 05 2022</u></p>
---	---



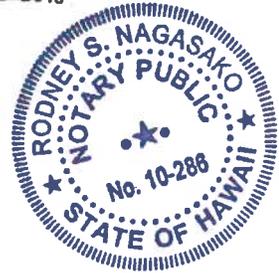
NOTARY PUBLIC CERTIFICATION

Rodney S. Nagasako 19<sup>th</sup> Judicial Circuit

Doc. Description: 2018 ANNUAL REPORT -  
LOBBYING ANNUAL REPORT (JANUARY  
1 - DECEMBER 31, 2018)

No. of Pages: 3 Date of Doc. JAN 08 2019

Rodney S. Nagasako JAN 08 2019  
Notary Signature Date





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

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

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## 2018 ANNUAL REPORT

Lobbyist Annual Report  
 (January 1 – December 31, 2018)  
 (Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) (First) (Middle) Sabas, John R.			
LOBBYIST FIRM/EMPLOYER (if applicable) 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 <a href="mailto:jsabas@carlsmith.com">jsabas@carlsmith.com</a>	
(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 <a href="mailto:jsabas@carlsmith.com">jsabas@carlsmith.com</a>	
(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 <input type="checkbox"/> Additional Sheet(s) Attached	
		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 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: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

## PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)

1. n/a	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

## PART VII LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p style="font-size: 2em; font-family: cursive;">John A. Ohta</p> <p>LOBBYIST SIGNATURE</p> <p style="text-align: center;">JAN 09 2019</p> <p>DATE</p> <p style="text-align: center;">STATE OF HAWAII</p> <p style="text-align: center;">) SS.</p>	<p>Subscribed and sworn to before me</p> <p>This <u>9<sup>TH</sup></u> day of <u>January</u>, 2019.</p> <p>By: <u>Rodney S. Nagasako</u></p> <p style="text-align: center;">NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS <b>Rodney S. Nagasako</b></p> <p>My commission expires: <u>SEP 05 2022</u></p>
---	--



CITY AND COUNTY OF HONOLULU)

NOTARY PUBLIC CERTIFICATION

Rodney S. Nagasako 1<sup>ST</sup> Judicial Circuit

Doc. Description: 2018 ANNUAL REPORT  
LOBBYIST ANNUAL REPORT (JANUARY  
1 - DECEMBER 31, 2018)

No. of Pages: 3 Date of Doc. JAN 09 2019

Rodney S. Nagasako  
Notary Signature

JAN 09 2019  
Date





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

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

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## 2018 ANNUAL REPORT

Lobbyist Annual Report  
 (January 1 – December 31, 2018)  
 (Type or Print Clearly)

### PART I LOBBYIST

NAME (Last) (First) (Middle)

Sabas, John R.

LOBBYIST FIRM/EMPLOYER (if applicable)

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

jsabas@carlsmith.com

(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

(312) 960-5876

MAILING ADDRESS (No. and Street or P.O. Box)

c/o General Growth Properties, Inc.

110 N. Wacker Drive

[Note, Brookfield Properties Retail Group is now successor to GGP]

FAX

EMAIL

(City)

Chicago

(State)

IL

(Zip Code)

60606

### 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  Additional Sheet(s) Attached

TOTAL \$0

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

Fees	Amount \$546
Compensation	Amount \$0
Contributions	Amount \$0
Membership Fees	Amount \$0
<input type="checkbox"/> Check here if additional sheets attached	<input checked="" type="checkbox"/> n/a

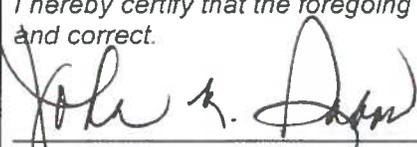
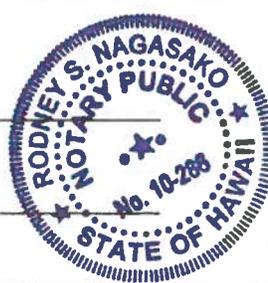
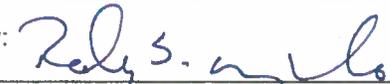
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

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

**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)**

1. n/a	Outcome: STATE OF HAWAII	4. _____ )	Outcome:
2.	Outcome: CITY AND COUNTY OF HONOLULU	5. _____ ) SS.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

**PART VII LOBBYIST CERTIFICATION**

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p></p> <p>LOBBYIST SIGNATURE</p> <p>January 10, 2019</p> <p>DATE</p>	 <p>Subscribed and sworn to before me</p> <p>This <u>10th</u> day of <u>January</u>, 2019.</p> <p>By: </p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p><b>Rodney S. Nagasako</b></p> <p>My commission expires: <u>SEP 05 2022</u></p>
---	--



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

TEL: (808) 768-9242 FAX: (808) 768-7768  
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## 2018 ANNUAL REPORT

Lobbyist Annual Report  
 (January 1 – December 31, 2018)  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Sadoski Benjamin Charles		
LOBBYIST FIRM/EMPLOYER (if applicable) 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 <a href="mailto:bsadoski@5.unitehere.org">bsadoski@5.unitehere.org</a>
(City) Honolulu	(State) HI	(Zip Code) 96826

PART II ORGANIZATION		
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 <a href="mailto:bsadoski@5.unitehere.org">bsadoski@5.unitehere.org</a>
(City) Honolulu	(State) HI	(Zip Code) 96826

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 <input type="checkbox"/> Additional Sheet(s) Attached	
			TOTAL 0

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

Fees	Amount
Compensation	Amount \$400.
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a

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

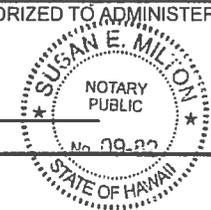
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input checked="" 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: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. <u>51</u> (Year) <u>2018</u> Reso No. <u>17-175</u> Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): Bill 52 (2018), Bill 58 (2018), Bill 75 (2018), and Reso. 18-248 (and associated permit application 2018/SDD-25)		

**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)**

1. Bill 51 (2018)	Outcome: passed	4. Bill 75 (2018)	Outcome: postponed in committee
2. Bill 52 (2018)	Outcome: passed	5.	Outcome:
3. Bill 58 (2018)	Outcome: passed	<input type="checkbox"/> Additional Sheet(s) Attached	

**PART VII LOBBYIST CERTIFICATION**

I hereby certify that the foregoing statements are true and correct.   LOBBYIST SIGNATURE  <u>12/19/18</u> DATE	State of Hawaii County of Honolulu  Subscribed and sworn to before me  This <u>19<sup>th</sup></u> day of <u>December</u> , <u>2018</u> .  By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS  My commission expires: <u>March 15, 2021</u> certification on reverse
---	---



Doc. Date: 12/19/18 # Pages 2

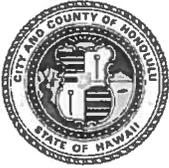
Notary Name: Susan E. Milton 1st Circuit

Doc. Description 2018 Annual Report

Honolulu Ethics Commission

S E Milton 12/19/18  
Notary Signature Date





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

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

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## 2018 ANNUAL REPORT

Lobbyist Annual Report  
(January 1 – December 31, 2018)  
(Type or Print Clearly)

<b>PART I LOBBYIST</b>		
NAME (Last) (First) (Middle) SAUNDERS, HARRY A.		
LOBBYIST FIRM/EMPLOYER (if applicable) CASTLE & COOKE HAWAII	TELEPHONE (808) 548-4811	
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) HI	(Zip Code) 96817

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

<b>PART III EXPENDITURES, BY TYPE</b>			
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 <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL 0.00	

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

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

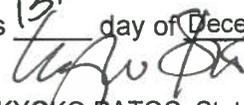
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

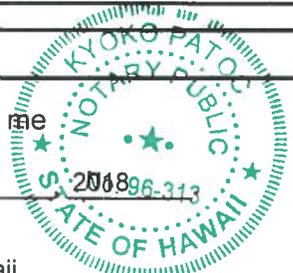
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability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

**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)**

1. None	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) 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>DEC 13 2018</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>13<sup>th</sup></u> day of December 20<u>18</u></p> <p>By: </p> <p>KYOKO PATOC, State of Hawaii                  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires:                  June 14, 2020</p>
---	---



NOTARY CERTIFICATION

No. Page 13

Description: 2018 Annual Report

Date: 12/13/18

# Pages: 2

Date: 12/13/18

Notary Signature: 

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

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

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**2018 ANNUAL REPORT**Lobbyist Annual Report  
(January 1 – December 31, 2018)  
(Type or Print Clearly)

<b>PART I LOBBYIST</b>		
NAME (Last) (First) (Middle) SAUNDERS, HARRY A.		
LOBBYIST FIRM/EMPLOYER (if applicable) CASTLE & COOKE HAWAII	TELEPHONE (808) 548-4811	
MAILING ADDRESS (No. and Street or P.O Box) 680 IWILEI ROAD, SUITE 510	FAX (808) 548-2975	
	EMAIL <a href="mailto:hsaunders@castlecooke.com">hsaunders@castlecooke.com</a>	
(City) HONOLULU	(State) HI	(Zip Code) 96817

<b>PART II ORGANIZATION</b>		
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 <a href="mailto:hsaunders@castlecooke.com">hsaunders@castlecooke.com</a>	
(City) HONOLULU	(State) HI	(Zip Code) 96817

<b>PART III EXPENDITURES, BY TYPE</b>			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
	0.00		0.00
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
	0.00		0.00
Entertainment & Events	Amount	Other <input type="checkbox"/> Additional Sheet(s) Attached	
	0.00		
		TOTAL 0.00	

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

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

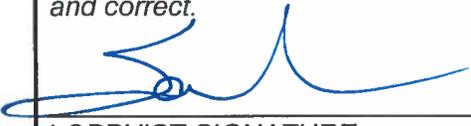
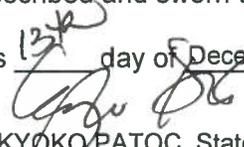
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

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

**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)**

1. None	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

**PART VII LOBBYIST CERTIFICATION**

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p>  <p>_____                  LOBBYIST SIGNATURE</p> <p>DEC 13 2018                  _____                  DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>13<sup>th</sup></u> day of December, 2018</p> <p>By:                   KYOKO PATOC, State of Hawaii                  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires                  June 14, 2020</p>
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NOTARY CERTIFICATION  
 Kyoko Patoc, First Judicial Circuit  
 Doc. Description: 2018 Annual Report  
 Doc. Date: 12/13/18 # Pages: 22  
 Notary Signature:  Date: 12/13/18



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

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

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## 2018 ANNUAL REPORT

Lobbyist Annual Report  
(January 1 – December 31, 2018)  
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) SAUNDERS, HARRY A.		
LOBBYIST FIRM/EMPLOYER (if applicable) CASTLE & COOKE HAWAII		TELEPHONE (808) 548-4811
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) HI	(Zip Code) 96817

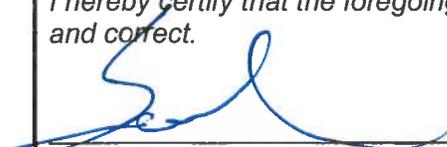
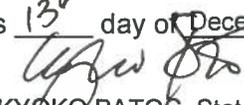
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) CASTLE & COOKE, INC.		TELEPHONE (808) 548-4811
MAILING ADDRESS (No. and Street or P.O. Box) 680 IWILEI ROAD, SUITE 510		FAX (808) 548-2975
		EMAIL hsaunders@castlecooke.com
(City) HONOLULU	(State) HI	(Zip Code) 96817

PART III EXPENDITURES, BY TYPE			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
	0.00		0.00
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
	0.00		0.00
Entertainment & Events	Amount	Other <input type="checkbox"/> Additional Sheet(s) Attached	
	0.00		
		TOTAL 0.00	

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING	
Fees	Amount 0.00
Compensation	Amount 0.00
Contributions	Amount 0.00
Membership Fees	Amount 0.00
<input type="checkbox"/> Check here if additional sheets 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: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)			
1. None	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION	
<p><i>I hereby certify that the foregoing statements are true and correct.</i></p>  <p>_____            LOBBYIST SIGNATURE            DEC 13 2018            _____            DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>13<sup>th</sup></u> day of December, 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> 



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

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

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## 2018 ANNUAL REPORT

Lobbyist Annual Report  
 (January 1 – December 31, 2018)  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) SEU, Scott W.H.		
LOBBYIST FIRM/EMPLOYER (if applicable) Hawaiian Electric Company, Inc.		TELEPHONE 808-543-4805
MAILING ADDRESS (No. and Street or P.O. Box) P.O. Box 2750		FAX 808-203-1355
		EMAIL scott.seu@hawaiianelectric.com
(City) Honolulu	(State) HI	(Zip Code) 96840

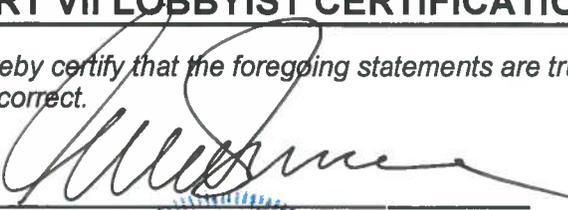
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaiian Electric Company, Inc.		TELEPHONE 808-543-4805
MAILING ADDRESS (No. and Street or P.O. Box) P.O. Box 2750		FAX
		EMAIL scott.seu@hawaiianelectric.com
(City) Honolulu	(State) HI	(Zip Code) 96840

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 <input type="checkbox"/> Additional Sheet(s) Attached		
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 attached	<input checked="" type="checkbox"/> n/a

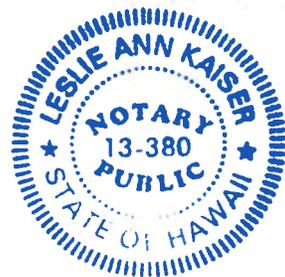
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED		
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public 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: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)			
1. None in 2018	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION	
<i>I hereby certify that the foregoing statements are true and correct.</i>  LOBBYIST SIGNATURE	Subscribed and sworn to before me This <u>14<sup>th</sup></u> day of <u>December</u> , <u>2018</u> By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>No. 13-390</u> <u>11/3/21</u>
DATE <u>December 14, 2018</u>	



Doc. Date: 12/14/18 # Pages: 2  
Name: Leslie Ann Kaiser 1st Circuit  
Doc. Description: Honolulu Ethics Comm  
2018 Annual Report  
Leslie Ann Kaiser 12/14/18  
Notary Signature Date  
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  
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 Website: <http://www.honolulu.gov/ethics/>

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## 2018 ANNUAL REPORT

Lobbyist Annual Report  
 (January 1 – December 31, 2018)  
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Slovin, Gary M.		
LOBBYIST FIRM/EMPLOYER (if applicable) SanHi Government Strategies, A Limited Liability Law Partnership		TELEPHONE 808-539-0400
MAILING ADDRESS (No. and Street or P.O Box) 999 Bishop Street, Suite 1400		FAX 808-533-4945
		EMAIL gslovin@awlaw.com
(City) Honolulu	(State) Hawaii	(Zip Code) 96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Alliance of Automobile Manufacturers		TELEPHONE 202-326-5500
MAILING ADDRESS (No. and Street or P.O. Box) 803 7th St., N.W., Suite 300		FAX
		EMAIL
(City) Washington	(State) D.C.	(Zip Code) 20001

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 <input type="checkbox"/> Additional Sheet(s) Attached	
		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 attached	<input type="checkbox"/> n/a

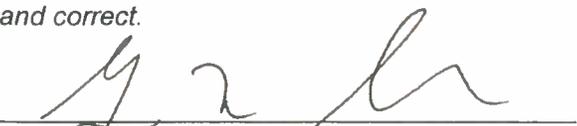
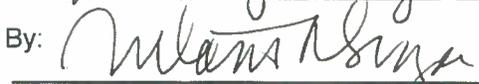
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

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

**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2018), passed)**

1. Reso.18-221, CD1, Proposed	Outcome: Adopted 12/05/18	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) 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>1/9/2019</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>9th</u> day of <u>January</u>, <u>2019</u>.</p> <p>By: </p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>March 24, 2020</u></p>
---	--

