



**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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## 2020 REGISTRATION

Lobbyist Registration  
 (Type or Print Clearly)

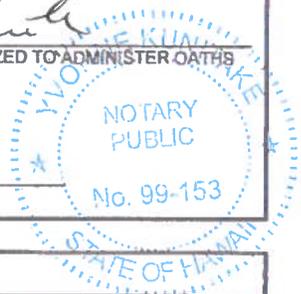
PART I LOBBYIST		
NAME (Last) (First) (Middle) Coppa, Bruce		
LOBBYIST FIRM/EMPLOYER (if applicable) Capitol Consultants of Hawaii, LLP		TELEPHONE 808-531-4551
MAILING ADDRESS (No. and Street or P.O. Box) 222 South Vineyard Street, Suite 401		FAX 808-533-4601
		EMAIL bruce.coppa@808cch.com
(City) Honolulu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

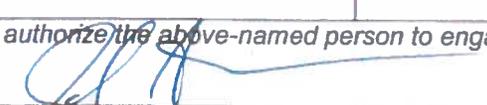
PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Airbnb, Inc.		TELEPHONE 415-389-6800
MAILING ADDRESS (No. and Street or P.O. Box) c/o 2350 Kerner Blvd., Suite 250		FAX 415-388-6874
		EMAIL airbnbinc@nmgovlaw.com
(City) San Rafael	(State) CA	(Zip Code) 94901
ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)		<input checked="" type="checkbox"/> Not Applicable
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		<input checked="" type="checkbox"/> Not Applicable

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

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

PART IV LOBBYIST CERTIFICATION	
<i>I hereby certify that the foregoing statements are true and correct.</i>   LOBBYIST SIGNATURE  1/31/2020 DATE	Subscribed and sworn to before me This <u>      </u> day of <u>      </u> <b>JAN 31 2020</b> By: <u>Yvonne Kunitake</u>  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>04/11/2023</u>



PART V AUTHORIZATION TO LOBBY		
NAME Joel Aurora	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Designated Agent for Filer	
NAME OF ORGANIZATION (if applicable) Airbnb, Inc.	TELEPHONE 415-389-6800	
MAILING ADDRESS (No. and Street or P.O. Box) 2350 Kerner Blvd., Ste. 250	FAX 415-388-6874	EMAIL airbnbinc@nmgovlaw.com
	(City) San Rafael (State) CA (Zip Code) 94901	
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>  (Signature of Authorizing Officer or Person Represented) <u>1/21/20</u> (Date)		

Doc. Date: JAN 31 2020 # Pages 2  
 Rev. 12/2019 Notary Name: Yvonne Kunitake  
 Doc. Description 2020 Registration

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Yvonne Kunitake JAN 31 2020  
 Notary Signature Date



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**2020 REGISTRATION**

Lobbyist Registration  
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<b>PART I LOBBYIST</b>		
NAME (Last) (First) (Middle) Coppa, Bruce		
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 Bruce.Coppa@808cch.com
(City) Honolulu	(State) HI	(Zip Code) 96813

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

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

### PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

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

### PART IV LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p style="font-size: 2em; text-align: center;">BGR</p> <p>_____                  LOBBYIST SIGNATURE</p> <p style="font-size: 1.5em; text-align: center;">1/31/2020</p> <p>_____                  DATE</p>	<p>Subscribed and sworn to before me</p> <p>This _____ day of <u>JAN 31 2020</u></p> <p>By: <u>Yvonne Kunitake</u>                  _____                  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires:  <u>04/11/2023</u></p>
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### PART V AUTHORIZATION TO LOBBY

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

Doc. Date: JAN 31 2020 # Pages 2

Rev. 12/2019 Name: Yvonne Kunitake NOTE: This is a public document.

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2020 Registration  
Yvonne Kunitake JAN 31 2020  
 Notary Signature Date





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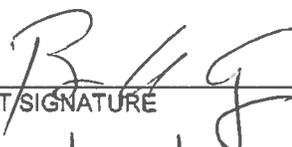
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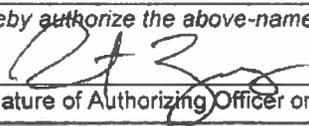
<b>PART I LOBBYIST</b>		
NAME (Last) (First) (Middle) Coppa, Bruce		
LOBBYIST FIRM/EMPLOYER (if applicable) Capitol Consultants of Hawaii, LLP		TELEPHONE (808) 531-4551
MAILING ADDRESS (No. and Street or P.O. Box) 222 South Vineyard Street, Suite 401		FAX (808) 533-4601
		EMAIL Bruce.Coppa@808cch.com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

<b>PART II.A ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) AT&T		TELEPHONE (425) 580-5836
MAILING ADDRESS (No. and Street or P.O. Box) PO Box 97061		FAX (425) 580-8652
		EMAIL rb3794@att.com
(City) Redmond	(State) WA	(Zip Code) 98073-9761
ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)		<input checked="" type="checkbox"/> Not Applicable
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		<input checked="" type="checkbox"/> Not Applicable

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

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

PART IV LOBBYIST CERTIFICATION	
<i>I hereby certify that the foregoing statements are true and correct.</i>   LOBBYIST/SIGNATURE  DATE <u>1/31/2020</u>	Subscribed and sworn to before me This ____ day of <u>JAN 31 2020</u> , By: <u>Yvonne Kunitake</u>  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>04/11/2023</u>

PART V AUTHORIZATION TO LOBBY		
NAME Robert Bass	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Regional Director, Government Affairs	
NAME OF ORGANIZATION (if applicable) AT&T	TELEPHONE (425) 580-5836	
MAILING ADDRESS (No. and Street or P.O. Box) PO Box 97061	FAX (425) 580-8652	EMAIL rb3794@att.com
	(City) Redmond (State) WA	(Zip Code) 98073-9761
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>  (Signature of Authorizing Officer or Person Represented)		
		<u>1/23/2020</u> (Date)

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 Notary Name: Yvonne Kunitake First Circuit

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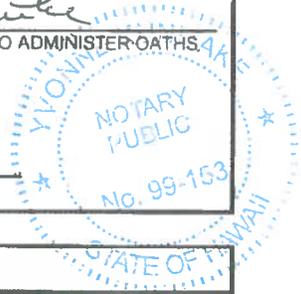
<b>PART I LOBBYIST</b>		
NAME (Last) (First) (Middle) Coppa, Bruce		
LOBBYIST FIRM/EMPLOYER (if applicable) Capitol Consultants of Hawaii, LLP		TELEPHONE (808) 531-4551
MAILING ADDRESS (No. and Street or P.O. Box) 222 South Vineyard Street, Suite 401		FAX (808) 533-4601
		EMAIL Bruce.Coppa@808cch.com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

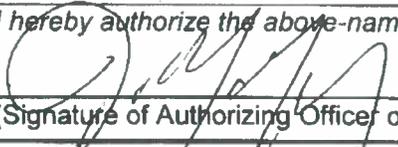
<b>PART II.A ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Memorial Life Plan Ltd.		TELEPHONE (808) 522-5233
MAILING ADDRESS (No. and Street or P.O. Box) 1330 Maunakea Street		FAX (808) 522-9310
		EMAIL jay.morford@dignitymemorial.com
(City) Honolulu	(State) HI	(Zip Code) 96817
ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)		<input checked="" type="checkbox"/> Not Applicable
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		<input checked="" type="checkbox"/> Not Applicable

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PART V AUTHORIZATION TO LOBBY		
NAME Jay Morford	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President/Market Director	
NAME OF ORGANIZATION (if applicable) Hawaiian Memorial Life Plan, Ltd.	TELEPHONE (808) 523-6348	
MAILING ADDRESS (No. and Street or P.O. Box) 1330 Maunakea Street	FAX (808) 522-9310	
	EMAIL jay.morford@dignitymemorial.com	
(City) Honolulu	(State) HI	(Zip Code) 96817
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>  (Signature of Authorizing Officer or Person Represented)		
		<u>1/21/2020</u> (Date)

Doc. Date: JAN 31 2020 # Pages 2

Notary Name: Yvonne Kunitake First Circuit

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NAME (Last) (First) (Middle) Coppa, Bruce		
LOBBYIST FIRM/EMPLOYER (if applicable) Capitol Consultants of Hawaii, LLP		TELEPHONE (808) 531-4551
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		EMAIL Bruce.Coppa@808cch.com
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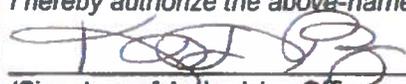
<b>PART II.A ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Kamehameha Schools		TELEPHONE (808) 523-6348
MAILING ADDRESS (No. and Street or P.O. Box) 567 South King Street, Suite 400		FAX
		EMAIL kaburges@ksbe.edu
(City) Honolulu	(State) HI	(Zip Code) 96813
ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)		<input checked="" type="checkbox"/> Not Applicable
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PART V AUTHORIZATION TO LOBBY		
NAME Kau'i N. Burgess	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Director of Community & Government Relations Communications Group	
NAME OF ORGANIZATION (# applicable) Kamehameha Schools	TELEPHONE (808) 523-6348	
MAILING ADDRESS (No. and Street or P.O Box) 567 South King Street, Suite 400	FAX	
(City) Honolulu	(State) HI	EMAIL kaburges@ksbe.edu
(Zip Code) 96813		
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		1/22/20 (Date)

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