



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

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

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2020 REGISTRATION

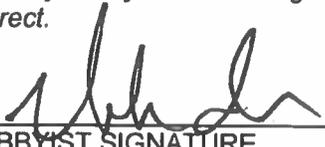
Lobbyist Registration
(Type or Print Clearly)

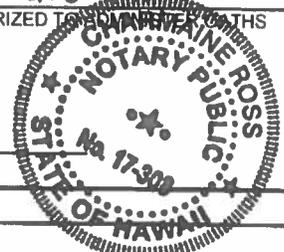
PART I LOBBYIST		
NAME (Last) (First) (Middle) Iosua, Michael L.		
LOBBYIST FIRM/EMPLOYER (if applicable) Imanaka Asato, LLLC		TELEPHONE 808-521-9500
MAILING ADDRESS (No. and Street or P.O. Box) 745 Fort Street Mall, 17th Floor		FAX 808-541-9050
		EMAIL miosua@imanaka-asato.com
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) D.R. Horton-Schuler Homes, LLC, dba D.R. Horton-Schuler Division		TELEPHONE
MAILING ADDRESS (No. and Street or P.O. Box) 130 Merchant Street, Suite 112		FAX
		EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813
ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)		<input checked="" type="checkbox"/> Not Applicable
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		<input checked="" type="checkbox"/> Not Applicable

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 checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <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 1/16/20 DATE	Subscribed and sworn to before me This <u>16th</u> day of <u>January</u> , 20 <u>20</u> . By: <u>Charmaine Ross</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO TAKE OATHS My commission expires: <u>July, 25, 2021</u>



PART V AUTHORIZATION TO LOBBY		
NAME Robert Bruhl	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Division President	
NAME OF ORGANIZATION (if applicable) D.R. Horton-Schuler Homes, LLC dba D.R. Horton-Schuler Division	TELEPHONE 521-5661	
MAILING ADDRESS (No. and Street or P.O Box) 130 Merchant Street, Suite 112	FAX	
	EMAIL	
(City) Honolulu	(State) HI	(Zip Code) 96813
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>  (Signature of Authorizing Officer or Person Represented)		
		<u>1/10/20</u> (Date)



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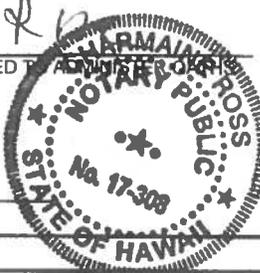
Lobbyist Registration
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Michael L. <u>Miosua</u> <i>Last name OK per Telecon w/ per Charmaine Missy Ross @ Imanaka Asato 1-21-2020</i>		
LOBBYIST FIRM/EMPLOYER (if applicable) Imanaka Asato, LLLC		TELEPHONE (808) 521-9500
MAILING ADDRESS (No. and Street or P.O. Box) 745 Fort Street Mall, 17th Floor		FAX (808) 541-9050
		EMAIL miosua@imanaka-asato.com
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Elemental Excelerator		TELEPHONE (808) 237-5050
MAILING ADDRESS (No. and Street or P.O. Box) 1000 Bishop Street, #505		FAX
		EMAIL policy@elementalexcelerator.com
(City) Honolulu	(State) HI	(Zip Code) 96813
ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)		<input checked="" type="checkbox"/> Not Applicable
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		<input checked="" type="checkbox"/> Not Applicable

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

PART IV LOBBYIST CERTIFICATION	
<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p></p> <p>_____ LOBBYIST SIGNATURE</p> <p>January 9, 2020 _____ DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>9th</u> day of <u>January</u>, 2020</p> <p>By: </p> <p>_____ NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>7/25/2021</u></p> 

PART V AUTHORIZATION TO LOBBY		
NAME Aki Marceau	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Managing Director	
NAME OF ORGANIZATION (if applicable) Elemental Exceleator	TELEPHONE (808) 237-5050	
MAILING ADDRESS (No. and Street or P.O Box) 1000 Bishop Street, #505	FAX	
	EMAIL	
(City) Honolulu	(State) HI	(Zip Code) 96813
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>		
 _____ (Signature of Authorizing Officer or Person Represented)		January 9, 2020 _____ (Date)



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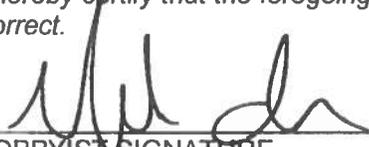
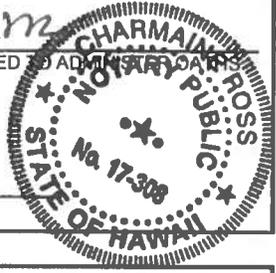
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 Lobbyist Registration
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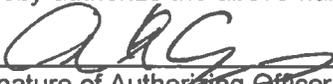
PART I LOBBYIST		
NAME (Last) (First) (Middle) Iosua, Michael L.		
LOBBYIST FIRM/EMPLOYER (if applicable) Imanaka Asato, LLLC		TELEPHONE (808) 521-9500
MAILING ADDRESS (No. and Street or P.O. Box) 745 Fort Street Mall, 17th Floor		FAX (808) 541-9050
		EMAIL miosua@imanaka-asato.com
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) NAIOP Hawaii Chapter		TELEPHONE (808) 864-7983
MAILING ADDRESS (No. and Street or P.O. Box) P.O. Box 1601		FAX
		EMAIL barbie@naiophawaii.org
(City) Honolulu	(State) HI	(Zip Code) 96806
ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)		Per telcon w/ Charmaine Missy Ross @ Imanaka Asato 1-21-2020
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		<input checked="" type="checkbox"/> Not Applicable <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 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 checked="" type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART IV LOBBYIST CERTIFICATION	
<p>I hereby certify that the foregoing statements are true and correct.</p>  <p>LOBBYIST SIGNATURE</p> <p>1/16/20</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>16th</u> day of <u>January</u>, <u>2020</u>.</p> <p>By: <u>Charmaine R. Ross</u></p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires:</p> <p><u>7/25/2021</u></p> 

PART V AUTHORIZATION TO LOBBY		
NAME Cathy Camp	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President	
NAME OF ORGANIZATION (if applicable) NAIOP Hawaii Chapter	TELEPHONE (808) 864-7983	
MAILING ADDRESS (No. and Street or P.O. Box) P.O. Box 1601	FAX	EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96806
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.		
 <p>(Signature of Authorizing Officer or Person Represented)</p>		<p>1/17/20</p> <p>(Date)</p>



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Lobbyist Registration
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PART I LOBBYIST		
NAME (Last) (First) (Middle) Iosua, Michael L.		
LOBBYIST FIRM/EMPLOYER (if applicable) Imanaka Asato, LLLC		TELEPHONE (808) 521-9500
MAILING ADDRESS (No. and Street or P.O. Box) 745 Fort Street Mall, 17th Floor		FAX (808) 541-9050
		EMAIL miosua@imanaka-asato.com
(City) Honolulu	(State) HI	(Zip Code) 96813

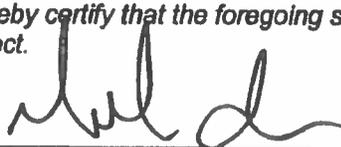
PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Verizon Communications		TELEPHONE (949) 286-8008
MAILING ADDRESS (No. and Street or P.O. Box) HQ Public Policy, Law and Security Department 15505 Sand Canyon Avenue		FAX
		EMAIL michael.bagley1@verizonwireless.com
(City) Irvine	(State) CA	(Zip Code) 92618
ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)		<input checked="" type="checkbox"/> Not Applicable
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		<input checked="" type="checkbox"/> Not Applicable

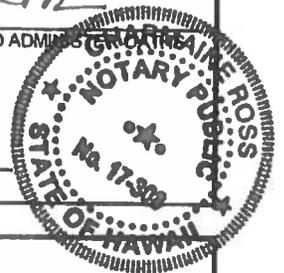
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<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule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

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PART V AUTHORIZATION TO LOBBY

NAME Evann Whitelam		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Designated Agent for Filer	
NAME OF ORGANIZATION (if applicable) Verizon Communications, Inc. and Its Affiliates		TELEPHONE (415) 389-6800	
MAILING ADDRESS (No. and Street or P.O. Box) 2350 Kerner Boulevard, Suite 250		FAX (415) 388-6874	
		EMAIL ewhitelam@nmgovlaw.com	
(City) San Rafael	(State) CA	(Zip Code) 94901	
<p><i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i></p> <p></p> <p>_____ (Signature of Authorizing Officer or Person Represented)</p> <p><u>1/14/20</u> (Date)</p>			