



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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HONOLULU
 ETHICS COMMISSION
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8/11-7-19

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B.L.
 2019

2018 ANNUAL REPORT

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

PART I LOBBYIST

NAME (Last) (First) (Middle) Lee, Brandon, Toshihisa		
LOBBYIST FIRM/EMPLOYER (if applicable) Ulupono Initiative		TELEPHONE (808) 544-8960
MAILING ADDRESS (No. and Street or P.O Box) 999 Bishop Street, Suite 1202		FAX
		EMAIL blee@ulupono.com
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Ulupono Initiative		TELEPHONE (808) 544-8960
MAILING ADDRESS (No. and Street or P.O. Box) 999 Bishop Street, Suite 1202		FAX
		EMAIL info@ulupono.com
(City) Honolulu	(State) HI	(Zip Code) 96813

PART III EXPENDITURES, BY TYPE

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

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

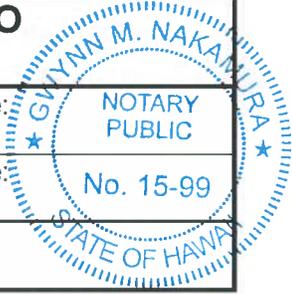
Fees	Amount
Compensation	Amount \$242.50
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a

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

1. Bill 25 (2019)	Outcome: To Be Determined	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 11-1-19 DATE	Subscribed and sworn to before me This <u>1</u> day of <u>November, 2019</u> By: NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>3-15-2023</u>	# Pages: <u>2</u> # Circuits: <u>First Circuit</u> Notary Name: <u>Gwynn M. Nakamura</u> Doc. Description: <u>2019 annual</u> Date: <u>11-1-19</u>

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Notary Name: <u>Gwynn M. Nakamura</u>		
Doc. Description: <u>2019 annual</u>		
Notary Signature:		Date: <u>11-1-19</u>