



**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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HONOLULU  
ETHICS COMMISSION  
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92-10-20

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**2020 REGISTRATION**  
Lobbyist Registration  
(Type or Print Clearly)

<b>PART I LOBBYIST</b>		
NAME (Last) (First) (Middle) William Henry K. McClellan		
LOBBYIST FIRM/EMPLOYER (if applicable) The McClellan Group		TELEPHONE 8083937937
MAILING ADDRESS (No. and Street or P.O Box) 2319 Ahamoa Street		FAX
		EMAIL kekoamcclellan@gmail.com
(City) Pearl City	(State) HI	(Zip Code) 96792

<b>PART II.A ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Outrigger Hotels Hawaii		TELEPHONE 921-6600
MAILING ADDRESS (No. and Street or P.O. Box) 2375 Kuhio Avenue		FAX
		EMAIL
(City) Honolulu	(State) Hawaii	(Zip Code) 96815
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 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 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 checked="" type="checkbox"/> Other (indicate below): Any issues that would affect Outrigger Hospitality Group.		

### PART IV LOBBYIST CERTIFICATION

<p>I hereby certify that the foregoing statements are true and correct.</p> <p></p> <p>LOBBYIST SIGNATURE</p> <p>1-31-2020</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>31<sup>st</sup></u> day of <u>January</u>, <u>2020</u>.</p> <p>By: <u>Inocencio C. Ignacio</u>                  Inocencio C. Ignacio                  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>Sept 20 2021</u></p> <p><i>submit for notary certification</i></p>
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### PART V AUTHORIZATION TO LOBBY

NAME Scott Miyasato		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED General Counsel	
NAME OF ORGANIZATION (if applicable) Outrigger Hotels Hawaii		TELEPHONE 921-6616	
MAILING ADDRESS (No. and Street or P.O. Box) 2375 Kuhio Avenue		FAX	
(City) Honolulu		EMAIL scott.miyasato@outrigger.com	
(State) Hawaii		(Zip Code) 96815	
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.			
<u>Scott T. Miyasato</u> (Signature of Authorizing Officer or Person Represented)		<u>January 30, 2020</u> (Date)	

PART II DESCRIPTION OF SUBJECTS IN WHICH YOU EXPECT TO LOSE?

Business & Personal	Business & Personal	Business & Personal
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Business & Personal	Business & Personal	Business & Personal

Doc. Date: JAN 31 2020 # Pages: 2  
 Name: Inocencio C. Ignacio First Circuit  
 Doc. Description: 2020 Registration

Inocencio C. Ignacio JAN. 31 2020  
 Signature Date

NOTARY CERTIFICATION

