



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/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
 ETHICS COMMISSION
 RECEIVED

01-14-19

'19 JAN -9 P 1:19

2019 REGISTRATION

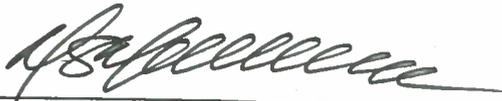
Lobbyist Registration
 (Type or Print Clearly)

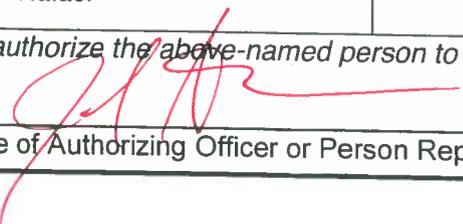
PART I LOBBYIST		
NAME (Last) (First) (Middle) Middlebrook, Matthew		
LOBBYIST FIRM/EMPLOYER (if applicable) <i>Airbnb, Inc. JP 1/23</i>		TELEPHONE 415-389-6800
MAILING ADDRESS (No. and Street or P.O. Box) c/o 2350 Kerner Boulevard, Suite 250		FAX 415-388-6874
		EMAIL airbnb1@nmgovlaw.com
(City) San Rafael	(State) CA	(Zip Code) 94901

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 Boulevard, 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 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 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): Short term rental regulation		

PART IV LOBBYIST CERTIFICATION	
<p>I hereby certify that the foregoing statements are true and correct.</p> <p style="text-align: center;"></p> <p>LOBBYIST SIGNATURE _____</p> <p>DATE <u>1/7/19</u></p>	<p>Subscribed and sworn to before me</p> <p>This ____ day of _____, _____.</p> <p>By: _____</p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>- PLEASE SEE ATTACHED</u></p>

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 Boulevard, Suite 250	FAX 415-388-6874	
	EMAIL airbnbinc@nmgovlaw.com	
(City) San Rafael	(State) CA	(Zip Code) 94901
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.		
(Signature of Authorizing Officer or Person Represented) 		(Date) <u>1/8/19</u>

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

Signature of Document Signer No. 1 *Signature of Document Signer No. 2 (if any)*

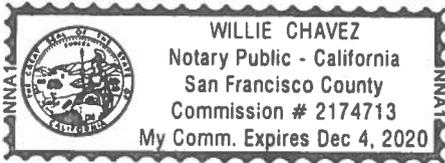
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
 County of SAN FRANCISCO

Subscribed and sworn to (or affirmed) before me
 on this 7th day of JANUARY, 2019,
 by *Date* *Month* *Year*
 (1) MATTHEW MIDDLEBROOK

(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence
 to be the person(s) who appeared before me.



Signature *[Handwritten Signature]*
Signature of Notary Public

Seal
 Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: HONOLULU ETHIC COMMISSION . 2019 REGISTRATION Document Date: 1/7/19

Number of Pages: 2 Signer(s) Other Than Named Above: _____