



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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2020 REGISTRATION

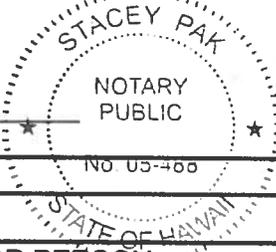
Lobbyist Registration
 (Type or Print Clearly)

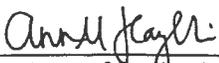
| | | |
|--|---------------|--|
| PART I LOBBYIST | | |
| NAME (Last) (First) (Middle) Takeda, Colby Rikio | | |
| LOBBYIST FIRM/EMPLOYER (if applicable) Blue Zones Project Hawaii | | TELEPHONE (808) 208-4072 |
| MAILING ADDRESS (No. and Street or P.O. Box) 1188 Fort Street Mall #200 | | FAX |
| | | EMAIL colby.takeda@sharecare.com |
| (City) Honolulu | (State) HI | (Zip Code) 96813 |

| | | |
|--|---------------|--|
| PART II.A ORGANIZATION | | |
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Blue Zones Project | | TELEPHONE (808) 208-4072 |
| MAILING ADDRESS (No. and Street or P.O. Box) 1188 Fort Street Mall #200 | | FAX N/A |
| | | EMAIL BlueZonesProjectHawaii@sharecare.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 type="checkbox"/> Business & Economic Development | <input checked="" 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 checked="" type="checkbox"/> Transportation | <input checked="" type="checkbox"/> Zoning & Planning | <input checked="" type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. 19-329 _____ 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></p> <p>LOBBYIST SIGNATURE</p> <p>9/18/20</p> <p>DATE</p> | <p>Subscribed and sworn to before me</p> <p>This <u>18th</u> day of <u>September</u>, <u>2020</u>.</p> <p>By: </p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>STACEY PAK</p> <p>My commission expires: <u>July 19, 2023</u></p> <p></p> |
| <p>Doc. No. <u>09/18/2020</u> # Pages: <u>2</u></p> <p>Stacey Pak First Circuit</p> <p>Doc. Description <u>2020 Registration (Lobbyist Registration)</u></p> <p>Notary Signature  Date: <u>09/18/2020</u></p> <p>NOTARY PUBLIC</p> | |

| PART V AUTHORIZATION TO LOBBY | | |
|---|--|----------------------|
| NAME Ann Hayashi | TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Executive Director | |
| NAME OF ORGANIZATION (if applicable) Blue Zones Project Hawaii | TELEPHONE 808-445-1885 | |
| MAILING ADDRESS (No. and Street or P.O. Box) 1188 Fort Street Mall #200 | FAX N/A | |
| | EMAIL ann.hayashi@sharecare.com | |
| (City) Honolulu | (State) HI | (Zip Code) 96813 |
| I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned. | | |
|  (Signature of Authorizing Officer or Person Represented) | | 09/10/2020 (Date) |