

# HONOLULU ETHICS COMMISSION

## Instructions for Lobbyist Annual Report Form

These instructions are designed to assist you, as a lobbyist, in completing the lobbyist annual report form. If the instructions do not answer your questions, please contact the Honolulu Ethics Commission (“Commission”) at (808) 768-9242 or [ethics@honolulu.gov](mailto:ethics@honolulu.gov).

### WHO MUST FILE

Under Revised Ordinances of Honolulu (ROH) §3-13.3(c), each lobbyist must file with the Commission an annual report of the lobbyist’s activities during the preceding calendar year ending December 31<sup>st</sup>. The deadline for filing is January 10<sup>th</sup> of each year.

“Lobbyist” means any person who engages oneself for pay or other consideration for the purpose of influencing, directly or indirectly, and whether by such person or through any agent or employee or other person in any manner whatsoever, the policy making process of the City and County of Honolulu. A person who accepts membership dues or contributions made, or a fee or salary paid, with the understanding that the person accepting the same intends to devote a portion of the funds contributed or the time for which the salary is paid to lobbying activities shall be deemed to have “engaged oneself” to conduct such activities.

“The policy making process” means any action taken by an officer or employee of the City and County of Honolulu with respect to any bill, resolution or other measure in the city council, or with respect to any rule, regulation, standard, rate or other regulatory enactment of any city agency.

### WHERE TO FILE

File the lobbyist annual report form with the Honolulu Ethics Commission. You can (1) e-mail your completed form to the Commission at [ethics@honolulu.gov](mailto:ethics@honolulu.gov) (attach your form as a PDF to your e-mail), or (2) deliver or mail your completed paper form to the Honolulu Ethics Commission, 925 Dillingham Boulevard, Suite 190, Honolulu, Hawaii 96817.

### HOW TO COMPLETE THE LOBBYIST ANNUAL REPORT FORM

The lobbyist annual report form is fillable online. If you lobby for more than one person or organization, submit a separate annual report form for each person or organization that you represent. Annual report forms are available on the Commission's website at [www.honolulu.gov/ethics](http://www.honolulu.gov/ethics).

### PART I LOBBYIST INFORMATION

Fill in your full name, mailing address (street address or P.O. Box and email address) and telephone number, as well as your immediate employer, if applicable.

**PART II ORGANIZATION**

Indicate the entity you lobby for or represent.

**PART III EXPENDITURES, BY TYPE**

Indicate expenditures you made for the purpose of lobbying, by type, and total all expenditures.

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

Fill in the amount of fees, compensation, contributions and membership fees you received for the purpose of lobbying. If you are an employee of an organization for which you lobby, report the pro rata portion of your salary paid to lobby. If not applicable, check the box "n/a."

**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

Indicate the subjects on which you lobbied. Fill in specific legislation, as applicable.

**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME**

List each policy making process decision you sought to influence. Include whether a bill for an ordinance was enacted or a resolution adopted.

**PART VII LOBBYIST CERTIFICATION**

Notarize the "Lobbyist Certification" section. This is required by law (ROH §3-13.4).



**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/>

THIS SPACE FOR OFFICE USE ONLY

# ANNUAL REPORT

Lobbyist Annual Report  
 (Type or Print Clearly)

| PART I LOBBYIST  |         |            |
|--|---------|------------|
| NAME (Last) (First) (Middle)   |         | TELEPHONE  |
| MAILING ADDRESS (Street)   |         | FAX        |
|  |         | EMAIL      |
| (City)   | (State) | (Zip Code) |
| LOBBYIST FIRM/EMPLOYER (Fill in only if you are employed by a business entity that has been retained to lobby) |         | TELEPHONE  |
| MAILING ADDRESS (No. and Street or P.O Box)  |         | FAX        |
|  |         | EMAIL      |
| (City)   | (State) | (Zip Code) |

| PART II ORGANIZATION                                   |         |            |
|--|---------|------------|
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) |         | TELEPHONE  |
| MAILING ADDRESS (No. and Street or P.O Box)            |         | FAX        |
|  |         | EMAIL      |
| (City)   | (State) | (Zip Code) |

| 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                               |        |
|  |        | TOTAL                               |        |

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

|   |                              |
|---|------------------------------|
| Fees  | Amount                       |
| Compensation  | Amount                       |
| Contributions   | Amount                       |
| Membership Fees   | Amount                       |
| <input type="checkbox"/> Check here if additional sheets are attached | <input type="checkbox"/> n/a |

**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

|  |  |  |
|--|--|--|
| <input 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 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 type="checkbox"/> Zoning & Planning               | <input type="checkbox"/> Specific Legislation:<br>Bill No. _____ (Year) _____<br>Reso No. _____ (Year) _____<br>Admin. Rule No. _____<br>Dept. _____ |
| <input type="checkbox"/> Other (indicate below):         |  |  |

**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME**

|    |   |
|----|---|
| 1. | 4.  |
| 2. | 5.  |
| 3. | <input type="checkbox"/> Check here if additional sheets are attached |

**PART VII LOBBYIST CERTIFICATION**

|  |  |
|--|--|
| <p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p>_____</p> <p>LOBBYIST SIGNATURE</p> <p>_____</p> <p>DATE</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: _____</p> |
|--|--|