



**HAWAII STATE ETHICS COMMISSION**  
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STATE OF HAWAII  
 STATE ETHICS COMMISSION

NOTE: This is a public document.

**LOBBYIST REGISTRATION FORM**

(Type or Print Clearly)

| <b>PART I LOBBYIST</b>  |         |            |                         |
|---|---------|------------|-------------------------|
| NAME (Last)   | (First) | (Middle)   | TELEPHONE               |
| Pear, Jr.   | Charles | E.         | (808) 529-7300          |
| MAILING ADDRESS (Street)  |         |            | FAX (808) 535-8029      |
| Five Waterfront Plaza, 4th Floor, 500 Ala Moana Boulevard   |         |            | EMAIL<br>pear@m4law.com |
| (City)  | (State) | (Zip Code) |                         |
| Honolulu  | Hawaii  | 96813      |                         |
| EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) |         |            | TELEPHONE               |
| McCorriston Miller Mukai MacKinnon LLP  |         |            | (808) 529-7300          |
| MAILING ADDRESS (Street)  |         |            | FAX (808) 524-8293      |
| Five Waterfront Plaza, 4th Floor, 500 Ala Moana Boulevard   |         |            | EMAIL<br>info@m4law.com |
| (City)  | (State) | (Zip Code) |                         |
| Honolulu  | Hawaii  | 96813      |                         |

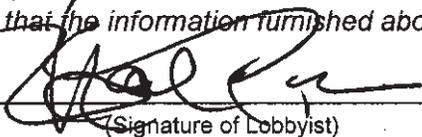
| <b>PART II ORGANIZATION</b>  |         |            |                                  |
|--|---------|------------|----------------------------------|
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)                         |         |            | TELEPHONE                        |
| Disney Vacation Development, Inc.  |         |            | (407) 566-3000                   |
| MAILING ADDRESS (Street)   |         |            | FAX (407) 938-4391               |
| 1390 Celebration Boulevard   |         |            | EMAIL                            |
| (City)   | (State) | (Zip Code) |                                  |
| Celebration  | Florida | 34747      |                                  |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT |         |            | TELEPHONE                        |
| Yvonne Chang   |         |            | (407) 566-3881                   |
| MAILING ADDRESS (Street)   |         |            | FAX                              |
| 1390 Celebration Boulevard   |         |            | EMAIL<br>Yvonne.Chang@disney.com |
| (City)   | (State) | (Zip Code) |                                  |
| Celebration  | Florida | 34747      |                                  |

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Agriculture                               | <input type="checkbox"/> Education                                 | <input type="checkbox"/> Human Services                                     | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities         | <input checked="" type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input checked="" type="checkbox"/> Tourism & Recreation            |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs                          | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation      | <input type="checkbox"/> Health                                    | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other: (indicate below)                    |
| <input type="checkbox"/> Ecology, Energy Environmental Protection  | <input type="checkbox"/> Housing                                   | <input type="checkbox"/> Public Safety & Corrections                        | _____   |

**PART IV CERTIFICATION OF LOBBYIST**

*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*



(Signature of Lobbyist)

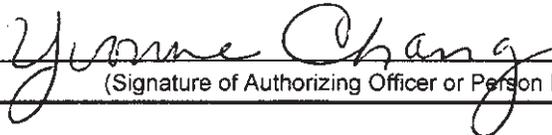
4/1/2015

(Date)

**PART V AUTHORIZATION TO LOBBY**

|                                      |         |  |  |
|--------------------------------------|---------|--|--|
| NAME                                 |         | TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED |  |
| Yvonne Chang                         |         | Assistant Secretary                                |  |
| NAME OF ORGANIZATION (if applicable) |         | TELEPHONE  |  |
| Disney Vacation Development, Inc.    |         | (407) 566-3881                                     |  |
| MAILING ADDRESS (Street)             |         | FAX  |  |
| 1390 Celebration Boulevard           |         | EMAIL  |  |
|                                      |         | Yvonne.Chang@disney.com                            |  |
| (City)                               | (State) | (Zip Code)   |  |
| Celebration                          | Florida | 34747  |  |

*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*



(Signature of Authorizing Officer or Person Represented)

4/6/15

(Date)