

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, STE. 970, HONOLULU, HI 96813

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STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

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PART LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Louie	David	Mark	(808) 535-5700
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(City) (State)		
EMPLOYING ORGANIZATION (Fill in	lobby) TELEPHONE		
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PART II ORGANIZATION		AA
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Airbnb		
MAILING ADDRESS (Street)		FAX
888 Brannan Street		EMAIL
(City)	(State)	(Z·p Code)
San Francisco	CA	94103
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Matt Middlebrook		
MAILING ADDRESS (Street)		FAX
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San Francisco	CA	94103

LREG 01/2017

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY				
☐ Agriculture	CD Education	Human Services	Science, Technology & Economic Development	
Communications & Public Utilities	Government Operation & Finance	 Intergovernmental Relations, International Affairs 	☐ Tourism & Recreation	
Consumer Protection & Commerce	Hawaiian Affairs	() Labor & Employment	☐ Transportation	
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (Indicate below)	Ļ
Ecology, Energy Environmental Protection	X Housing	☐ Public Safety & Corrections	Transient Accomm	odations
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	ON OF LOBBYIST			
I hereby certify that th	e info rma tion fulnished abov	re is, to the best of my knowled	lge, correct and complete.	
01/30/2018				
(Signature of Lobbyist) (Date)]
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PART V AUTHORIZAT	ION TO LOBBY	· · · · · · · · · · · · · · · · · · ·		i
NAME		TITLE OF AUTHORIZING OFFICE	R OR PERSON REPRESENTED	
Matt Middlebrook Public Pol			icv	
NAME OF ORGANIZATION (if applicable)			TELEPHONE	
Airbnb				
MAILING ADDRESS (Street)		ı	AX.	
888 Brannan Stre	et	E	matt.middlebrook@	airbnb.com
(City)	(State)		(Zip Code)	
San Francisco	CA CA	!	94103	
I hereby authorize the	apove named person to er	gage in lobbying activities on	behalf of the undersigned.	ĺ
1	134 <i>1//LE</i> E	le		
(Signature of A	uthorizing Officer or Person Repres	sented)	(Date)	1