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LOBBYIST REGISTRATION STATEMENT

You must file this statement with the Office of the County Clerk if you are an individual who for pay or other consideration engages in lobbying on behalf of another person, or organization, for more than five (5) hours in any month or spends more than \$750 lobbying during any reporting period (January 1st through December 31st of the previous year). NOTE THAT THIS IS A PUBLIC DOCUMENT.

(Type or Print Clearly)

NAME	Last	First	Middle		
	Gibson	Gerard	C		
BUSINESS MAILING ADDRESS	Street	City	State	Zip Code	
	4815 Aukai Ave., Honolulu, HI 96816				
TELEPHONE NO.	E-MAIL				
808-551-9338	jerry@hawaiihotelalliance.com				
NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (do not abbreviate)					
Hawaii Hotel Alliance					
BUSINESS MAILING ADDRESS	Street	City	State	Zip Code	
	150 Kaiulani Ave., #1-104, Honolulu, HI 96815				
BUSINESS TELEPHONE NO.					
808-921-6790					

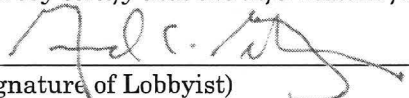
SUBJECT AREAS OF LOBBYING

(Bill/Resolution Number(s), Agenda Item(s), and/or Topic(s))

Business and Economic Development, Hospitality, Housing, Public Infrastructure, Tourism, Zoning and Planning

CERTIFICATION OF LOBBYIST

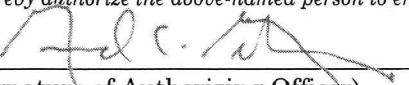
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.


(Signature of Lobbyist)

January 6, 2022

(Date)

AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OF PERSON REPRESENTED				
Gerard Gibson	President				
NAME OF ORGANIZATION (if applicable)	TELEPHONE NO.				
Hawaii Hotel Alliance	808-921-6790				
ADDRESS OF ORGANIZATION OR PERSON	Street	City	State	Zip Code	
	150 Kaiulani Ave., #1-104, Honolulu, HI 96815				
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.					
					January 6, 2022
(Signature of Authorizing Officer)					(Date)