

LOBBYIST CONTRIBUTIONS AND EXPENDITURES STATEMENT

The reporting period is from January 1st through December 31st of the previous year. RECEIVED This statement shall be filed on or before January 31st of each year. NOTE THAT THIS IS A PUBLIC DOCUMENT.

STATEMENT YEAR: 2023				
STATEMENT TEAR:			"24 JAN 12 A7 53	
DATE OF FILING /3/24	NAME OF LOBBYIST Jesse Co	x/ke	DEFICE OF	
NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Ulupono Initiative THE COUNTY CLER COUNTY OF KAUA				
BUSINESS MAILING ADDRESS 999 Bishop Street, Suite 1202, Hon	Street City State olulu, HI, 96813	Zip Code	a' .	
BUSINESS TELEPHONE NO. 808-544-8960				
PART I: TOTAL EXPENDITURES				17
	ER PERSON PER DAY ose of lobbying of \$25 or more per person per day durin	g the reporting period. Attach add	ditional sheet(s) if necessary.	
	sum of \$25 or more per day were made for th			Amount
Date Name of Recipient	Mailing Address (Street, City, State, Zip)	Description of Expenditure	~	or Value
X This section is not applicable.	PER PERSON PER DAY lose of lobbying of \$150 or more per person per day duri sum of \$150 or more per day were made for		lditional sheet(s) if necessary.	
	•	-		Amount or Value
Date Name of Recipient	Mailing Address (Street, City, State, Zip)	Description of Expenditure		or value
			S	
				+
			A-110	

PART	II: CONTRIBUTIONS				
List all c 1987, as	amended. Attach additional sheet(s) if necessary. This section is not applicable.	bbying in the total sum of \$25 or more per person during the statement period pur ore per person were received from the following persons:	suant to Sec. 3-6.5(c)(3), Kaua'i County Code		
Date	Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value		
PART	III: SUBJECT AREAS OF LOBBYING				
Legislati procurem	ve and/or administrative action supported or oppo eent, or contract management that was supported or o	sed during the statement reporting period. Shall include title of bills, resolute pposed.	ions, and/or description of actions, permit		
n/a					
	449	2 20			
PART	IV: AUTHORIZED PERSON		J		
	esse K Cooke	Ine lo	20hi		
Name of Authorized Person (First, Middle, Last)		Signature of Authorized	Signature of Authorized Person		
Vice President		1/3/24			
Title		Date			

X

CERTIFICATION: By checking this box or signing your name on this Statement, you certify and affirm that you are the person whose name appears as the "Authorized Person" above and the information contained in the form is true, correct, and complete to the best of your knowledge and belief. You further certify that you understand that there are statutory penalties for failing to report the information required by Ordinance No. 999.