## LOBBYIST CONTRIBUTIONS AND EXPENDITURES STATEMENT

The reporting period is from January 1<sup>st</sup> through December 31<sup>st</sup> of the previous year.

This statement shall be filed on or before January 31<sup>st</sup> of each year. NOTE THAT THIS IS A PUBLIC DOCUMENT

STATEME	2019 ENT YEAR:	d on or before January 31st of each year. N	OIE MAI MB IS	AT OBLIC DOCOMENT.		
DATE OF 01/30/2		NAME OF LOBBYIST Murray Clay			AL MANAGEMENT AND	
NAME OF Ulupono	F PERSON OR ORGANIZATION o Initiative	YOU LOBBY FOR (Do not abbreviate)				
	SS MAILING ADDRESS hop Street Suite 1202, Honol	Street City State ulu, HI, 96813	Zip Code	RECEIVED		
BUSINES (808)54	S TELEPHONE NO. 4-8960			200 1011 24 10.1 120		
h				<del>20 JAN 31 P1 :32</del>		
PART I: T	OTAL EXPENDITURES					
EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY List all expenditures incurred by labbyist for the purpose of labbying of \$25 or more per person per day during the reporting period. Attach additional sheet(s) if necessary.						
	s section is not applicable.					
Exp		m of \$25 or more per day were made for th	ne following persons:		Amount	
Date Exp		m of \$25 or more per day were made for th Mailing Address (Street, City, State, Zip)	ne following persons:  Description of Exper	nditure	Amount or Value	
	enditures incurred in the total su			nditure		
	enditures incurred in the total su			nditure		
	enditures incurred in the total su			nditure		
	enditures incurred in the total su			nditure		
	enditures incurred in the total su			nditure		
EXPENDI List all expend	Name of Recipient  TURES OF \$150 OR MORE PE	Mailing Address (Street, City, State, Zip)	Description of Exper			
EXPENDI List all expend	Name of Recipient  TURES OF \$150 OR MORE PEditures incurred by lobbyist for the purposes section is not applicable.	Mailing Address (Street, City, State, Zip)  ER PERSON PER DAY	Description of Expendence of E	ttach additional sheet(s) if necessary.		
EXPENDI List all expend	Name of Recipient  TURES OF \$150 OR MORE PEditures incurred by lobbyist for the purposes section is not applicable.	Mailing Address (Street, City, State, Zip)  ER PERSON PER DAY  e of lobbying of \$150 or more per person per day duri	Description of Expendence of E	ttach additional sheet(s) if necessary.	or Value	
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EXPENDI List all expend Expend	Name of Recipient  TURES OF \$150 OR MORE PEditures incurred by lobbyist for the purposes section is not applicable. enditures incurred in the total su	Mailing Address (Street, City, State, Zip)  ER PERSON PER DAY  e of lobbying of \$150 or more per person per day duri  m of \$150 or more per day were made for	Description of Expension of Exp	ttach additional sheet(s) if necessary.	or Value	

ART II: CONTRIBUTIONS			
CONTRIBUTIONS RECEIVED  ist all contributions received by lobbyist for the purpose of 987, as amended. Attach additional sheet(s) if necessary.	f lobbying in the total sum of \$25 or more per person during the statement period pu	arsuant to Sec. 3-6.5(c)(3), Kaua'i County Code	
This section is not applicable. Contributions in the total sum of \$25 or	more per person were received from the following persons:		
Date Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value	
		7	
PART III: SUBJECT AREAS OF LOBBYING	G		
rocurement, or contract management that was supported o	or opposed.		
PART IV: AUTHORIZED PERSON			
Murray R. Clay	9/2-	my	
Name of Authorized Person (First, Middle, Last President	Signature of Authorized	Signature of Authorized Person	
l'itle	Date		
appears as the "Authorized Person" above	x or signing your name on this Statement, you certify and affirm to ve and the information contained in the form is true, correct, and co you understand that there are statutory penalties for failing to	omplete to the best of your knowledge	

06/24/16

Ordinance No. 999.