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LOBBYIST CONTRIBUTIONS AND EXPENDITURES STATEMENT

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

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

STATEMENT YEAR: ur i iul. Ur NAME OF LOBBYIST DATE OF FILING THE COUNTY CLERK December 13, 2022 Keith A. DeMello NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Ulupono Initiative **BUSINESS MAILING ADDRESS** Zip Code Street City State 999 Bishop Street, Suite 1202, Honolulu, HI, 96813 BUSINESS TELEPHONE NO. (808) 544-8960 PART I: TOTAL EXPENDITURES EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY List all expenditures incurred by lobbyist for the purpose of lobbying of \$25 or more per person per day during the reporting period. Attach additional sheet(s) if necessary. This section is not applicable. Expenditures incurred in the total sum of \$25 or more per day were made for the following persons: Amount or Value Description of Expenditure Mailing Address (Street, City, State, Zip) Name of Recipient Date EXPENDITURES OF \$150 OR MORE PER PERSON PER DAY List all expenditures incurred by lobbyist for the purpose of lobbying of \$150 or more per person per day during the reporting period. Attach additional sheet(s) if necessary. This section is not applicable. Expenditures incurred in the total sum of \$150 or more per day were made for the following persons: Amount or Value Description of Expenditure Mailing Address (Street, City, State, Zip) Date Name of Recipient

PART 1	II: CONTRIBUTIONS				
List all co 1987, as c	RIBUTIONS RECEIVED ontributions received by lobbyist for the purpose of lourended. Attach additional sheet(s) if necessary. This section is not applicable. Contributions in the total sum of \$25 or m			rsuant 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				
Legislativ procurem	e and/or administrative action supported or oppo ent, or contract management that was supported or o	sed during the statement reporting period pposed.	l. Shall include title of bills, resolu-	tions, and/or description of actions, permit	
n/a			100000000000000000000000000000000000000		
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PART I	V: AUTHORIZED PERSON				
Kei	th A. Dartello f Authorized Person (First, Middle, Last)		HOD	nud	
Name o	f Authorized Person (First, Middle, Last)		Signature of Authorized	Person	
Senio	or Vice President, Communications	+ External Affairs	12/13/22		
Γitle	·		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.