

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 THE THIS THE THIS IS THE THIS THE TH

2022 STATEMENT YEAR: DATE OF FILING NAME OF LOBBYIST 12-14-22 K. Greg Gaug NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Ulupono Initiative BUSINESS MAILING ADDRESS Street City State Zip Code 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 Name of Recipient Mailing Address (Street, City, State, Zip) Description of Expenditure or Value 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 Name of Recipient Mailing Address (Street, City, State, Zip) Description of Expenditure or Value Date

PART II: CONTRIBUTIONS		
1987, as amended. Attach additional sheet(s) if no This section is not applicable.	ourpose of lobbying in the total sum of \$25 or more per person during the ecessary. \$25 or more per person were received from the following p	
Date Name of Contributor	Mailing Address (Street, City, State, Z	(ap) Amount or Value
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PART III: SUBJECT AREAS OF LO	BBYING	
Legislative and/or administrative action suppor procurement, or contract management that was su	ted or opposed during the statement reporting period. Shall include apported or opposed.	title of bills, resolutions, and/or description of actions, permit,
n/a		
PART IV: AUTHORIZED PERSON		Market and the second
ARTIV: AUTHORIZED PERSON		
Keusn Gres Gay	<i></i>	< 35
Name of Authorized Person (First, Modd	le, Last) Signatur	re of Authorized Person
Sr. Vice Provident	12/14/2	2
l'itle	Date	

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.