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: 2022						RECEIVED		
DATE OF 5/14/22	FILING	NAME OF LOBBYIST Amy Hennessey	r					
NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Ulupono Initiative						MAY 16	P1 :21	
	S MAILING ADDRESS op Street, Suite 1202, Honoli	Street City ılu, HI , 96813	/ State	Zip Code		A		
BUSINES 808-544	S TELEPHONE NO. -8960				THE	aunty!	DLERK	
PART I: T	OTAL EXPENDITURES							
List all expend	TURES OF \$25 OR MORE PER litures incurred by lobbyist for the purpose section is not applicable.	of lobbying of \$25 or more p	er person per day during the		al sheet(s) if	necessary.		
	Name of Recipient	Mailing Address (Stree		Description of Expenditure		***************************************	Amount or Value	

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l						***************************************		
List all expend	TURES OF \$150 OR MORE PE litures incurred by lobbyist for the purpose section is not applicable. anditures incurred in the total sun	of lobbying of \$150 or more	per person per day during th		nal sheet(s) i	f necessary.		
	Name of Recipient	Mailing Address (Stree		Description of Expenditure			Amount or Value	
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PART II: CONTRIBUTIONS					
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 ore per person were received from the following persons:	t period pursuant 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	***************************************				
Legislative and/or administrative action supported or oppo procurement, or contract management that was supported or o	sed during the statement reporting period. Shall include title of bi oposed.	ills, resolutions, and/or description of actions, permit,			
n/a					
PART IV: AUTHORIZED PERSON					
		1			
Amy M. Hennessey		V			
Name of Authorized Person (First, Middle, Last)	Signature of Au	thorized Person			
SVP, Communications & Extern	al Affairs 5/14/22	5/14/22			
Title Title	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.