## 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.

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2020 STATEMENT YEAR: NAME OF LOBBYIST DATE OF FILING January 8, 2021 Kathleen Rooney COUNTY OF 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 Date 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. X 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 Name of Recipient Mailing Address (Street, City, State, Zip) Description of Expenditure Date

PART I	I: CONTRIBUTIONS		
ist all coi 987, as a	mended. Attach additional sheet(s) if necessary.  his section is not applicable.	ring in the total sum of \$25 or more per person during the statement p e per person were received from the following persons:	period pursuant to Sec. 3-6.5(c)(3), Kana'i County Code
Date	Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value
PART I	II: SUBJECT AREAS OF LOBBYING		
	e and/or administrative action supported or opposed nt, or contract management that was supported or oppo	during the statement reporting períod. Shall include title of bills used.	s, resolutions, and/or description of actions, permit,
n/a			
PART I	V: AUTHORIZED PERSON		
Kar	Meen, King, Rooner, Authorized Person (First, Middle, Last) ector, Transportation Po		
Name of	Authorized Person (First, Middle, Last)	Signature of Auth January 8, 202	
Diva Fitle	ector, Transportation Po	Date Date	- 1

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.