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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: NAME OF LOBBYIST NAME OF LOBBYIST NAME OF LOBBY FOR (Do not abbreviate)
Ulupono Initiative DATE OF FILING 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 aff expanditures 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 Mailing Address (Street, City, State, Zip) or Value Date Description of Expenditure EXPENDITURES OF \$150 OR MORE PER PERSON PER DAY List alt expenditures incurred by labbyist 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 Date Mailing Address (Street, City, State, Zip) Description of Expenditure

PART	II: CONTRIBUTIONS		***************************************	
List all co 1987, as c	umended. Attach additional sheet(s) if necessary, This section is not applicable.	bying in the total sum of \$25 or more per person during the statement period re per person were received from the following persons:	parsuant ta Sec. 3-6.5(c)(3), Kaua'i County Code	
Date	Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value	
		4.		
PART	III: SUBJECT AREAS OF LOBBYING			
		ed during the statement reporting period. Shall include title of bills, res	olutions, and/or description of actions, permit.	
n/a	ent, or contract management that was supported ar a	posed.		
11/4				
	A ASSESSMENT OF THE PROPERTY O			
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		WAAAMINAMAA MINIAAMIA MINIAAMIA MAAAMAA MAAAAA MAAAAA WAAAAAAAAAA		
PART	IV: AUTHORIZED PERSON		-	
Sau	auta Puis		mi	
Name o	Authorized Person (First, Middle, Last)	1	Signature of Authorized Person	
rec	to of fearlatory		January 7, 2022	
Title	. () 1	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.

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