

## 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. 2020

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DATE OF FILING January 8, 2021	NAME OF LOBBYIST Jesse Goke	TALOURA TANDO 3H1
NAME OF PERSON OR ORGANIZ Ulupono Initiative	ZATION YOU LOBBY FOR (Do not abbreviate)	0,00011107
BUSINESS MAILING ADDRESS 999 Bishop Street, Suite 1202	Street City State Zip Code 2, Honolulu, HI, 96813	
BUSINESS TELEPHONE NO. <b>808-544-8960</b>		
ART I: TOTAL EXPENDITURE	S	
XPENDITURES OF \$25 OR MC	ORE PER PERSON PER DAY the purpose of lobbying of \$25 or more per person per day during the reporting period. Attach additional	al about(a) if account
This section is not applicable		u snevits) if necessary.
	total sum of \$25 or more per day were made for the following persons:	Amount
ate Name of Recipient	Mailing Address (Street, City, State, Zip)  Description of Expenditure	or Value
XPENDITURES OF \$150 OR M ist all expenditures incurred by lobbyist for	ORE PER PERSON PER DAY the purpose of lobbying of \$150 or more per person per day during the reporting period. Attach addition	nal sheet(s) if necessary.
This section is not applicable		
	total sum of \$150 or more per day were made for the following persons:	
Date Name of Recipient	Mailing Address (Street, City, State, Zip) Description of Expenditure	Amount or Value
1		

PART II: CONTRIBUTIONS				
CONTRIBUTIONS RECEIVED  List all contributions received by lobbyist for the purp 1987, as amended. Attach additional sheet(s) if necess  This section is not applicable.  Contributions in the total sum of \$25	eary.		oursuant 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 LOBB  Legislative and/or administrative action supported procurement, or contract management that was suppo	or opposed during the statement repo	orting period. Shall include title of bills, resol	lutions, and/or description of actions, permit,	
n/a				
PART IV: AUTHORIZED PERSON				
Jesse K. Cooke Name of Authorized Person (First, Middle, Last)		**************************************	Signature of Authorized Person	
VP, Investments & Ar		January 8, 2021	January 8, 2021	
Title	J	Date	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.