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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.

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2021 STATEMENT YEAR: NAME OF LOBBYIST DATE OF FILING 01/07/22 Kevan Greg Gaug NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Ulupono Initiative BUSINESS MAILING ADDRESS Zip Code Street City State 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. 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 Mailing Address (Street, City, State, Zip) Description of Expenditure Date Name of Recipient

PART II: CON	TRIBUTIONS			***************************************
List all contributio 1987, as amended. This sec	Attach additional sheet(s) if necessary. tion is not applicable.	ring in the total sum of \$25 or more per person during to the total sum of \$25 or more per person during to the following the person were received from the following	he statement period pursuant to Sec. 3-6.5(c)(3), Kaua'i g persons:	County Code
Date Nam	ne of Contributor	Mailing Address (Street, City, Stat	e, Zip) Amount or Valu	8
PART III: SUI	BJECT AREAS OF LOBBYING			
	administrative action supported or apposed atract management that was supported or oppo		de title of bills, resolutions, and/or description of act	ons, permit,
n/a	A. A			
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PART IV: AU1	THORIZED PERSON			
***************************************	reg Gaug		K-55	
Name of Authorized Person (First, Middle, Last)			Signature of Authorized Person	
Sr. Vice President			January 7, 2022	
Րit.le		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.