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LOBBYIST REGISTRATION STATEMENT

You must file this statement with the Office of the County Clerk if you are an individual who for pay or other consideration engages in lobbying on behalf of another person, or organization, for more than five (5) hours in any month or spends more than \$750 lobbying during any reporting period (January 1st through December 31st of the previous year). NOTE THAT THIS IS A PUBLIC DOCUMENT.

(Type or Print Clearly)

NAME				
Last	First	Middle		
Hennessey	Amy	Melinda		
BUSINESS MAILING ADDRESS				
Street	City	State	Zip Code	
999 Bishop Street, Suite 1202	Honolulu	HI	96813	
TELEPHONE NO.		E-MAIL		
(808) 544-8973		amy@ulupono.com		
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				

SUBJECT AREAS OF LOBBYING

(Bill/Resolution Number(s), Agenda Item(s), and/or Topic(s))


Renewable Energy, Local Food Production, Transportation, Waste, and Fresh Water Management.

CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

	5/17/18
(Signature of Lobbyist)	(Date)

AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OF PERSON REPRESENTED		
Murray R. Clay		Managing Partner		
NAME OF ORGANIZATION (if applicable)		TELEPHONE NO.		
Ulupono Initiative		(808) 544-8960		
ADDRESS OF ORGANIZATION OR PERSON				
Street	City	State	Zip Code	
999 Bishop Street, Suite 1202	Honolulu	HI	96813	
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.				
			5/25/2018	
(Signature of Authorizing Officer)			(Date)	