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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 Gang		First Kevan		Middle Greg	
BUSINESS MAILING ADDRESS					
Street 999 Bishop Street, Suite 1202			City Honolulu, HI		State HI
Zip Code 96813					
TELEPHONE NO. (808) 544-8976			E-MAIL ggang@ulupono.com		
NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (do not abbreviate) Ulupono Initiative					
BUSINESS MAILING ADDRESS					
Street 999 Bishop Street, Suite 1202			City Honolulu, HI		State HI
Zip Code 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.

[Signature] (Signature of Lobbyist) 4/4/18 (Date)

AUTHORIZATION TO LOBBY

NAME Murray R. Chy		TITLE OF AUTHORIZING OFFICER OF PERSON REPRESENTED Managing Partner			
NAME OF ORGANIZATION (if applicable) Ulupono Initiative			TELEPHONE NO. (808) 544-8960		
ADDRESS OF ORGANIZATION OR PERSON					
Street 999 Bishop Street, Suite 1202		City Honolulu, HI		State HI	
Zip Code 96813					
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.					
<u>[Signature]</u> (Signature of Authorizing Officer)				<u>4/4/2018</u> (Date)	