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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 1<sup>st</sup> through December 31<sup>st</sup> of the previous year). NOTE THAT THIS IS A PUBLIC DOCUMENT.

20 JAN 31 8:32  
OFFICE OF  
THE COUNTY CLERK  
COUNTY OF KAUAI

<i>(Type or Print Clearly)</i>				
NAME	Last	First	Middle	
	MUNEKATA	MICAH-SETH	K	
BUSINESS MAILING ADDRESS	Street	City	State	Zip Code
	999 BISHOP ST. SUITE 1202	HONOLULU	HI	96813
TELEPHONE NO.	E-MAIL			
(808) 544-8960	mmunekata@ulupond.com			
NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (do not abbreviate)				
ULUPOND INITIATIVE				
BUSINESS MAILING ADDRESS	Street	City	State	Zip Code
	999 BISHOP ST. 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))*

Agriculture, Planning, Zoning, Transportation, Energy, Environment

### CERTIFICATION OF LOBBYIST

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

*[Signature]*

1/30/20

(Signature of Lobbyist)

(Date)

### AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OF PERSON REPRESENTED			
MURRAY CLAY	PRESIDENT			
NAME OF ORGANIZATION (if applicable)			TELEPHONE NO.	
ULUPOND INITIATIVE			(808) 544-8960	
ADDRESS OF ORGANIZATION OR PERSON	Street	City	State	Zip Code
	999 BISHOP ST SUITE 1202	HONOLULU	HI	96813
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.				
<i>[Signature]</i>			1/30/2020	
(Signature of Authorizing Officer)			(Date)	