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LOBBYIST REGISTRATION STATEMENT OF THE OF You must file this statement with the Office of the County Clerk if you are an individual wholfor pay or other consideration engages in lobbying on behalf of another person, or organization 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	_	rst	Middle	
	Clay	Murra	4	Kichard	
BUSINESS M	IAILING ADDRESS	Street	City	State	Zip Code
999	Bishop Street, Su	te 1202	Honolulu	HI	96813
TELEPHONE	ENO. 544-8975	E-MAIL			
(808)	544-8975	mclay	@ulupono.co	m	
NAME OF PE	ERSON OR ORGANIZAT	ION AOU TORBA	FOR (do not abb	reviate)	
U	Iupono Initiative	_			
BUSINESS M	IAILING ADDRESS ishop Street, Suite 1 ELEPHONE NO.	Street 202 Ho,	City nolula, HZ	State 96813	Zip Code
(808)	544-8960				
	0	IID IEOM ADEAC	OF LODDYING	7	
SUBJECT AREAS OF LOBBYING (Bill/Resolution Number(s), Agenda Item(s), and/or Topic(s))					
Renewa					and
Fresh	ble Energy, Local Thater Management	<u>L</u>	in, mas por vi	, , , , , , , , , , , , , , , , , , , ,	200
7 0000	Top power genery				
CERTIFICATION OF LOBBYIST					
I hereby certif	y that the information fur				t and complete.
12	mm			19/2018	
(Signature of	Lobbyist)		(Date)		
AUTHORIZATION TO LOBBY					
NAME Mu	ray R. Clay RGANIZATION (if applications)	TITLE OF AUTH	HORIZING OFFI Partner	CER OF PERSO	N REPRESENTED
NAME OF OF	RGANIZATION (if applications)	able)		TELEPHO	
Ul	upono Initiative	TDGG11 G	G1.	(808) 5	44-8960
ADDRESS OF	FORGANIZATION OR P Bishop Street, S	ERSON Street	City Honolulu,	State Zip	Code ? ८ १ /२
I hereby authoriz	e the above-named person to eng	gage in lobbying activit	ies on behalf of the un		0912
Mu	nny		4/4	/2018	
(Signature of	Authorizing Officer)		(Date)	1	
06/24/16					