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**LOBBYIST REGISTRATION STATEMENT**

OFFICE OF

You must file this statement with the Office of the County Clerk if you are an individual who for gain or other consideration engages in lobbying on behalf of another person, or organization, for more than five 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.

(Type or Print Clearly)

NAME	Last Colón	First Michael	Middle		
BUSINESS MAILING ADDRESS	Street	City	State	Zip Code	
999 Bishop st Suite 1202		Honolulu	HI	96813	
TELEPHONE NO. 808-544-8964	E-MAIL mcolon@ulupono.com				
NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (do not abbreviate) Ulupono Initiative					
BUSINESS MAILING ADDRESS	Street	City	State	Zip Code	
SAME AS ABOVE					
BUSINESS TELEPHONE NO.					

**SUBJECT AREAS OF LOBBYING**

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

Energy, Transportation, Environment, Building Code

**CERTIFICATION OF LOBBYIST**

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

	1/6/2024
(Signature of Lobbyist)	(Date)

**AUTHORIZATION TO LOBBY**

NAME Murray Clay	TITLE OF AUTHORIZING OFFICER OF PERSON REPRESENTED President				
NAME OF ORGANIZATION (if applicable) Ulupono Initiative	TELEPHONE NO. 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.					
	1/11/24				
(Signature of Authorizing Officer)	(Date)				