LOBBYIST CONTRIBUTIONS AND EXPENDITURES STATEMENT VEC

The reporting period is from January 1st through December 31st of the previous year.

This statement shall be filed on or before January 31st of each year. NOTE THAT THIS IS A PUBLIC DOCUMENT.

JAN 12 A 7 53 2023 STATEMENT YEAR: DATE OF FILING NAME OF LOBBYIST January 4, 2024 Keith A. DeMello 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, Hl. 96813 BUSINESS TELEPHONE NO. 808-544-8960 PART I: TOTAL EXPENDITURES EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY List all expenditures incurred by lobbyist for the purpose of lobbying of \$25 or more per person per day during the reporting period. Attach additional sheet(s) if necessary. This section is not applicable. Expenditures incurred in the total sum of \$25 or more per day were made for the following persons: Amount Date Name of Recipient Mailing Address (Street, City, State, Zip) Description of Expenditure or Value EXPENDITURES OF \$150 OR MORE PER PERSON PER DAY List all expenditures incurred by lobbyist for the purpose of lobbying of \$150 or more per person per day during the reporting period. Attach additional sheet(s) if necessary. This section is not applicable. Expenditures incurred in the total sum of \$150 or more per day were made for the following persons: Amount or Value Date Name of Recipient Mailing Address (Street, City, State, Zip) Description of Expenditure

PART II: CONTRIBUTIONS					
CONTRIBUTIONS RECEIVED List all contributions received by lobbyist for the purpo 1987, as amended. Attach additional sheet(s) if necessor This section is not applicable. Contributions in the total sum of \$25	ry.			o Sec. 3-6.5(c)(3), Kaua'i County Code	
Date Name of Contributor		Mailing Address (Street, City, State, Zip)		Amount or Value	
			100		
PART III: SUBJECT AREAS OF LOBBY	ING				
Legislative and/or administrative action supported o procurement, or contract management that was support		nent reporting period. Shall incli	ude title of bills, resolutions, a	nd/or description of actions, permit,	
n/a					
DARWIN AND DEPOSIT					
PART IV: AUTHORIZED PERSON	***				
Keith A. DeMello			Kin a Daga		
Name of Authorized Person (First, Middle, Last)			Signature of Authorized Person		
Senior Vice President, Communications & Community			January 4, 2024		
Title		Date	Date		

CERTIFICATION: By checking this box or signing your name on this Statement, you certify and affirm that you are the person whose name appears as the "Authorized Person" above and the information contained in the form is true, correct, and complete to the best of your knowledge and belief. You further certify that you understand that there are statutory penalties for failing to report the information required by Ordinance No. 999.