

## 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)

First

Middle

NAME

Rooney, Kathleen, King

Last

BUSINESS MAILING ADDRESS	Street	City	State	Zip Code
999 Bishop Street, Suite 1202 Hono	lulu, HI 96813			
TELEPHONE NO.	E-MAIL			
(808) 544-8966	krooney@ulup			
NAME OF PERSON OR ORGANIZATION	ON YOU LOBBY I	FOR (do not ab	obreviate)	
Ulupono Initiative				
BUSINESS MAILING ADDRESS	Street	City	State	Zip Code
999 Bishop Street, Suite 1202 Hone BUSINESS TELEPHONE NO.	Olulu, FII 90013	·		
(808) 544-8960				
(000) 044 0000				
SU	BJECT AREAS	OF LOBBYIN	NG	
	n Number(s), Ager			
Transportation, Land Use, Energy, Su	stainability, Zoni	ng, Planning		
-		<u> </u>	NAME OF THE PARTY	
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	ERTIFICATION			ect and complete
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I hereby certify that the information furn	usnea above is, io	1	1	
200		1/7	119	
(Signature of Lobbyist)		(Date)	119	
200		(Date)	19	
(Signature of Lobbyist)	AUTHORIZATIO	(=====)	19	
(Signature of Lobbyist)  A NAME	UTHORIZATIO	N TO LOBBY		ON REPRESENTED
(Signature of Lobbyist)  A  NAME  Murray Clay	LUTHORIZATIO TITLE OF AUTHO Managing Partner	N TO LOBBY	FICER OF PERS	1
(Signature of Lobbyist)  A  NAME  Murray Clay  NAME OF ORGANIZATION (if applicable)	LUTHORIZATIO TITLE OF AUTHO Managing Partner	N TO LOBBY	TICER OF PERS	ONE NO.
(Signature of Lobbyist)  A NAME Murray Clay  NAME OF ORGANIZATION (if applicable Ulupono Initiative	AUTHORIZATIO TITLE OF AUTHO Managing Partner	<b>N TO LOBBY</b> Orizing off	TELEPH (808) 544	ONE NO. -8975
(Signature of Lobbyist)  ANAME NAME Murray Clay NAME OF ORGANIZATION (if applicate Ulupono Initiative ADDRESS OF ORGANIZATION OR PE	TITLE OF AUTHO Managing Partner	N TO LOBBY	TELEPH (808) 544	ONE NO.
(Signature of Lobbyist)  A NAME Murray Clay  NAME OF ORGANIZATION (if applicable Ulupono Initiative	TITLE OF AUTHOMANAGING Partner ble)  RSON Street HI 96813	N TO LOBBY ORIZING OFF	TELEPH (808) 544 State Zip	ONE NO. -8975
(Signature of Lobbyist)  ANAME Murray Clay  NAME OF ORGANIZATION (if applicate Ulupono Initiative  ADDRESS OF ORGANIZATION OR PE 999 Bishop Street, Suite 1202 Honolulu,	TITLE OF AUTHOMANAGING Partner ble)  RSON Street HI 96813	N TO LOBBY ORIZING OFF	TELEPH (808) 544 State Zip	ONE NO. -8975
(Signature of Lobbyist)  ANAME Murray Clay  NAME OF ORGANIZATION (if applicable Ulupono Initiative  ADDRESS OF ORGANIZATION OR PE 999 Bishop Street, Suite 1202 Honolulu, I hereby authorize the above-named person to engage	TITLE OF AUTHOMANAGING Partner ble)  RSON Street HI 96813	N TO LOBBY ORIZING OFF  City es on behalf of the	TELEPH (808) 544 State Zip	ONE NO. -8975
(Signature of Lobbyist)  ANAME Murray Clay  NAME OF ORGANIZATION (if applicate Ulupono Initiative  ADDRESS OF ORGANIZATION OR PE 999 Bishop Street, Suite 1202 Honolulu,	TITLE OF AUTHOMANAGING Partner ble)  RSON Street HI 96813	N TO LOBBY ORIZING OFF	TELEPH (808) 544 State Zip	ONE NO. -8975

## RECEIVED

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OFFICE OF THE COUNTY CLERK COUNTY OF KAUA'I