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

(Type or Print Clearly)

NAME Last **Yoshizu** First **Mariah** Middle **Joanne**

BUSINESS MAILING ADDRESS Street City State Zip Code
999 Bishop St Suite 1202 Honolulu HI 96813

TELEPHONE NO. (808) 544-8960 E-MAIL myoshizu@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.
Same as above

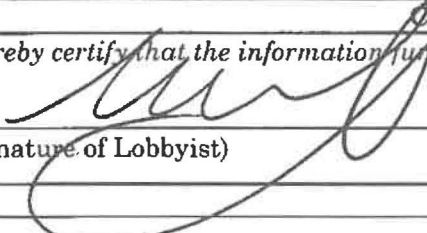
SUBJECT AREAS OF LOBBYING

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

local food, renewable energy, water, clean transportation

CERTIFICATION OF LOBBYIST

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


(Signature of Lobbyist)

12/19/23
(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.


(Signature of Authorizing Officer)

12/20/23
(Date)