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OFFICE OF THE COUNTY CLERK COUNTY OF KAUA'I

LOBBYIST CONTRIBUTIONS AND EXPENDITURES STATEMENT

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.

STATEME	ENT YEAR: 2022				
DATE OF 12/7/202		NAME OF LOBBYIST Murray R. Clay	, -		
	F PERSON OR ORGANIZATIO Initiative	N YOU LOBBY FOR (Do not abb	reviate)		
	SS MAILING ADDRESS nop Street, Suite 1202, Hon	Street City olulu, HI, 96813	State	Zip Code	
BUSINES 808-544	S TELEPHONE NO. 8960				
PART I: T	OTAL EXPENDITURES				
	TURES OF \$25 OR MORE P			e reporting period. Attuch additional sheet(s) if	
	a section is not applicable.	ose of toodying of \$25 or more per person	per day aurung in	e reporting perioa. Attach aaattional sheet(s) if	necessary
		sum of \$25 or more per day were	made for the f	ollowing persons:	Amount
Date	Name of Recipient	Mailing Address (Street, City, St	ate, Zip)	Description of Expenditure	or Value
EVDENDI	TURES OF \$150 OR MORE I	DED DEDCON DED DAY			
			n per day during t	he reporting period. Attach additional sheet(s)	if necessary.
	section is not applicable. enditures incurred in the total s	num of \$150 or more per day were	e made for the	following persons:	
Date	Name of Recipient	Mailing Address (Street, City, St	ate. Zipi	Description of Expenditure	Amount or Value
		and the second s			
		The second secon		The second secon	
				· i · · · · · · · · · · · · · · · · · ·	

	BUTIONS RECEIVED	the total sum of \$25 or more per person during the statement period	nursuant to Sec. 3.6 SteV3). Kough County
	sended. Attach additional sheet(s) if necessary.	the total state of \$2000 those per person during the statement person	parameter Dec, ordingo, island County
	nis section is not applicable. Intributions in the total sum of \$25 or more per p	erson were received from the following persons:	
Date	Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value
	I: SUBJECT AREAS OF LOBBYING		
		g the statement reporting period. Shall include title of bills, res	olutions, and/or description of actions, pe
rocurente	nt, or contract management that was supported or opposed.		
	nt, or contract management that was supported or opposed.		
	nt, or contract management that was supported or opposed.		
	nt, or contruct management that was supported or opposed.		
	nt, or contract management that was supported or opposed.		
	nt, or contract management that was supported or оружеd.		
	nt, or contruct management that was supported or opposed.		
n/a	v: Authorized person		
n/a PART I	V: AUTHORIZED PERSON	Murray Clay	Digitally signed by Murray Clay Date 2022 12 07 09 27 29 10'00'
n/a PART I		Murray Clay Signature of Authori	Date 2022.12.07 09.27 29 -10'00'
PART I	V: AUTHORIZED PERSON ay Richard Clay Authorized Person (First, Middle, Last)		Date 2022.12.07 09.27 29 -10'00'
n/a PART I Murr	V: AUTHORIZED PERSON ay Richard Clay Authorized Person (First, Middle, Last)	Signature of Authori	Date 2022.12.07 09.27 29 -10'00'

06/24 16

Ordinance No. 999.