

RECEIVED

2020

| DATE OF I | | ····· | | |
|---------------------|---|--|---|-------------------------|
| | | NAME OF LOBBYIST | | OFFICE O |
| lanuary 8 | 3, 2021 | Keith A DeMello | | THE COUNTY |
| | | YOU LOBBY FOR (Do not abbreviate | | COUNTY OF K |
| Jlupono I | | | | |
| | S MAILING ADDRESS op Street, Suite 1202, Hond | Street City Sta Dlulu, HI, 96813 | te Zip Code | |
| USINESS 308-544- | S TELEPHONE NO. 8960 | | | |
| ART I: TO | OTAL EXPENDITURES | | | |
| PENDIT | TURES OF \$25 OR MORE PE | R PERSON PER DAY | | |
| t all expendi | itures incurred by lobbyist for the purpo | se of lobbying of \$25 or more per person per day d | huring the reporting period. Attach additional sheet(s) i | if necessary. |
| | | | | |
| | section is not applicable. | | | |
| Expe | nditures incurred in the total s | ${ m am}$ of \$25 or more per day were made fo | or the following persons: | Amenica |
| te 1 | Name of Recipient | Mailing Address (Street, City, State, Zip) | Description of Expenditure | Amount or Value |
| | | No. of the contract of the con | | |
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| | | ED DEDCOM DED DAY | | |
| PENDIT | TURES OF \$150 OR MORE P | ER PERSON PER DAI | | |
| | | | during the reporting period. Attach additional sheet(s) |) if necessary. |
| at all expendi | itures incurred by lobbyist for the purpo | | during the reporting period. Attach additional sheet(s) |) if necessary. |
| t all expendi | itures incurred by lobbyist for the purposection is not applicable. | se of lobbying of \$150 or more per person per day | |) if necessary. |
| st all expendi | itures incurred by lobbyist for the purposection is not applicable. | | |) if necessary. Amount |
| This Expe | itures incurred by lobbyist for the purposection is not applicable. | se of lobbying of \$150 or more per person per day | | |
| This Expe | section is not applicable. | um of \$150 or more per day were made | for the following persons: | Amount |
| This Expe | section is not applicable. | um of \$150 or more per day were made | for the following persons: | Amount |
| This Expe | section is not applicable. | um of \$150 or more per day were made | for the following persons: | Amount |
| This Expe | section is not applicable. | um of \$150 or more per day were made | for the following persons: | Amount |

| PART II: CONTRIBUTIONS | | | | |
|---|-------------|---|---|--|
| CONTRIBUTIONS RECEIVED List all contributions received by lobbyist for the purpose of land 1987, as amended. Attach additional sheet(s) if necessary. This section is not applicable. Contributions in the total sum of \$25 or makes the contributions in the statement of the contributions in the contribution of the contributions in the contribution of the cont | | | ursuant to Sec. 3-6.5(c)(3), Kana'i County Code | |
| Date Name of Contributor | Mailing Add | lress (Street, City, State, Zip) | Amount or Value | |
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| Legislative and/or administrative action supported or opp procurement, or contract management that was supported or n/a | | ng period. Shall include title of bills, resolu | utions, and/or description of actions, permit, | |
| PART IV: AUTHORIZED PERSON | | | | |
| Keith Anthony DeMello Name of Authorized Person (First, Middle, Last) Director of Communications & C Title | | | | |

X

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.