## 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. JAN -8 P2:37

DATE OF FILING January 8, 2021		NAME OF LOBBYIST Kevan Greg Gaug			
NAME OF PERSON OR Ulupono Initiative			not abbreviate)		THE COUNTY OF
BUSINESS MAILING A	DDRESS S	treet City	State	Zip Code	
999 Bishop Street, S		HI, 96813			
BUSINESS TELEPHON BO8-544-8960	E NO.				
ART I: TOTAL EXPE	IDITURES				***************************************
XPENDITURES OF \$	5 OR MORE PER PE	RSON PER DAY			
				he reporting period. Attach additional sh	heet(s) if necessary.
This section is not					
		\$25 or more ner da	iv were made for the	following persons:	
Expenditures incurred in the total sum of \$25 or more per day were made for the following persons:					Amount
te Name of Recipier	t	dading Address (Stree	t, City, State, Zip)	Description of Expenditure	or Value
***************************************					
<u> </u>		······			
XPENDITURES OF \$					
st all expenditures incurred b	lobbyist for the purpose of lol	obying of \$150 or more	per person per day during	the reporting period. Attach additional $\epsilon$	sheet(s) if necessary,
X This section is not	applicable.				
	rred in the total sum of	\$150 or more per c	lay were made for th	e following persons:	
NY		Varling Address (Stree		77	Amount or Value
Oute Name of Recipier	<u> </u>	vaning Address (Atree	LATE SINC. AD	Description of Expenditure	or value
1					

PART	II: CONTRIBUTIONS				
ist all co 1987, as t	RIBUTIONS RECEIVED Intributions received by lobbyist for the purpose of lobbying in to amended. Attach additional sheet(s) if necessary.  This section is not applicable.  Contributions in the total sum of \$25 or more per p	the total sum of \$25 or more per person during the statement perioderson were received from the following persons:	od pursuant to Sec. 3-6.5(c)(3), Kana'i County Code		
Date	Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value		
***************************************					
***************************************					
Legislatii		g the statement reporting period. Shall include title of bills, re	esolutions, and/or description of actions, permit,		
	ent, or contract management that was supported or opposed.				
n/a					
·····					
PART	IV: AUTHORIZED PERSON				
. 4	f Authorized Person (First, Middle, Last)	<i>SCSI</i>			
			Signature of Authorized Person  January 8, 2021		
Sr	. Vice Provided, Investments + And	sty	**************************************		
itle		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.