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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.

2022 STATEMENT YEAR: NAME OF LOBBYIST DATE OF FILING 12-13-22 Micah-Seth Munekata NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Ulupono Initiative Zip Code **BUSINESS MAILING ADDRESS** City State 999 Bishop Street, Suite 1202, Honolulu, HI, 96813 BUSINESS TELEPHONE NO. 808-544-8960 PART I: TOTAL EXPENDITURES EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY
List all expenditures incurred by lobbyist for the purpose of lobbying of \$25 or more per person per day during the reporting period. Attach additional sheet(s) if necessary This section is not applicable. Expenditures incurred in the total sum of \$25 or more per day were made for the following persons: Amount or <u>Value</u> Mailing Address (Street, City, State, Zip) Description of Expenditure Date Name of Recipient EXPENDITURES OF \$150 OR MORE PER PERSON PER DAY List all expenditures incurred by lobbysis for the purpose of lobbying of \$150 or more per person per day during the reporting period. Attach additional sheet(s) if necessary. This section is not applicable. Expenditures incurred in the total sum of \$150 or more per day were made for the following persons: Amount or Value Mailing Address (Street City State Zig) Description of Expenditure Name of Recipient Date

PART II: CONTRIBUTIONS		- Alminimora
1987, as amended. Attach additional sheet(s) if necessary This section is not applicable.		pursuant to Sec. 3-6.5(с)(3), Kaua'r County Code
Contributions in the total sum of \$25 c	or more per person were received from the following persons:	
Date Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value
PART III: SUBJECT AREAS OF LOBBYI	MO	
Legislative and/or administrative action supported or procurement, or contract management that was supported	opposed during the statement reporting period. Shall include title of bills, res d or opposed.	colutions, and/or description of actions, permit.
n/a		
PART IV: AUTHORIZED PERSON		
Micah-Seth K. Munekata	Muf M	AF
Name of Authorized Person (First, Middle, L	ast) Signature of Authoris	zed Person
Director of Government Affa	airs 12-13-22	
Title	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

06/24/16

Ordinance No. 999.