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FICE OF

LOBBYIST REGISTRATION STATEMENT

EKA

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 DeMello	100	irst eith	Middle Anthony			
BUSINESS MAILING ADDRESS		Street	City	State	Zip Code		
999 Bishop St., Suite 1202			Honolulu	HI	96813		
TELEPHONE (808) 544-89		E-MAIL kdemello@ulupono.com					
NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (do not abbreviate) Ulupono Initiative							
BUSINESS MAILING ADDRESS Street 999 Bishop St., Suite 1202		City Honolulu	State HI	Zip Code 96813			
BUSINESS TH (808) 544-89	ELEPHONE NO. 960						

SUBJECT AREAS OF LOBBYING (Bill/Resolution Number(s), Agenda Item(s), and/or Topic(s))					
Local food production, renewable energy, clean transportation,					
and water and waste management					

CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete. 22.11.

(Signature of Lobbyist)

2020 (Daté)

AUTHORIZATION TO LOBBY							
NAME	FFICER OF PERSON REPRESENTED						
Murray Clay	President	×					
NAME OF ORGANIZATION'(if applic	TELEPHONE NO.						
Ulupono Initiatiu	(808) 544 - 2960						
ADDRESS OF ORGANIZATION OR PERSON Street City State Zip Code							
999 Bishap St., S	uite 1202 Honolulu	n HI 96813					
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.							
Munt	1/30/2020						
(Signature of Authorizing Officer)	(Date)	5					

06/24/16