



**HONOLULU ETHICS COMMISSION**  
 925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

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HONOLULU  
 ETHICS COMMISSION  
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## 2019 ANNUAL REPORT

Lobbyist Annual Report  
 (January 1 – December 31, 2019)  
 (Type or Print Clearly)

<b>PART I LOBBYIST</b>		
NAME (Last) (First) (Middle) Suntharo, Teerapat		
LOBBYIST FIRM/EMPLOYER (if applicable) Ulupono Initiative		TELEPHONE 808-544-8960
MAILING ADDRESS (No. and Street or P.O. Box) 999 Bishop St, Suite 1202		FAX
		EMAIL info@ulupono.com
(City) Honolulu	(State) HI	(Zip Code) 96813

<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Ulupono Initiative		TELEPHONE 808-544-8960
MAILING ADDRESS (No. and Street or P.O. Box) 999 Bishop St, Suite 1202		FAX
		EMAIL info@ulupono.com
(City) Honolulu	(State) HI	(Zip Code) 96813

<b>PART III EXPENDITURES, BY TYPE</b>			
Political Contributions	Amount 0	Receptions, Meals, Food & Beverages	Amount 0
Preparation & Distribution of Lobbying Materials	Amount 0	Media Advertising	Amount 0
Entertainment & Events	Amount 0	Other <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL 0	

**PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING**

Fees	Amount 0
Compensation	Amount 0
Contributions	Amount 0
Membership Fees	Amount 0
<input type="checkbox"/> Check here if additional sheets attached	<input checked="" type="checkbox"/> n/a

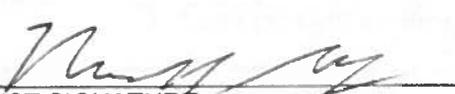
**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

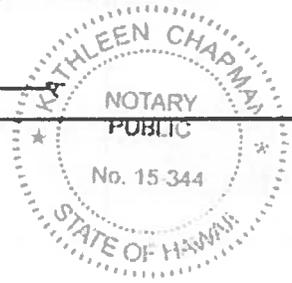
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. <u>N/A</u> (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2019), passed)**

1. N/A	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

**PART VII LOBBYIST CERTIFICATION**

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p>                  LOBBYIST SIGNATURE</p> <p><u>8/4/2020</u>                  DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>4th</u> day of <u>August</u>, 20<u>20</u>.</p> <p>By: <u>Kathleen Chapman</u>                  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires:  <u>10/11/2023</u></p>
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STATE OF HAWAII )  
 ) SS:  
CITY AND COUNTY OF HONOLULU )

Subscribed and sworn to before me this 4<sup>th</sup> day of August, 2020, by MURRAY CLAY.

IN WITNESS WHEREOF, I have hereunto set my hand and official stamp.



Kathleen Chapman  
Kathleen Chapman, Notary Public  
State of Hawaii, First Circuit Court

My Commission expires: October 11, 2023

**NOTARY CERTIFICATION STATEMENT**

Document Identification or Description: 2019 ANNUAL REPORT

Document Date:            or             Undated at time of notarization

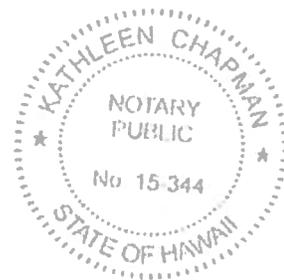
No. of Pages: 3

Jurisdiction: First Circuit  
(in which notarial act is performed)

Kathleen Chapman  
Signature of Notary

August 4, 2020  
Date of Notarization and  
Certification Statement

Kathleen Chapman  
Printed Name of Notary



(Official Stamp)