



HONOLULU ETHICS COMMISSION
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 Email: ethics@honolulu.gov
 Website: <http://www.honolulu.gov/ethics/>

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HONOLULU
 ETHICS COMMISSION
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2019 REGISTRATION

Lobbyist Registration
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Suntharo, Teerapat		
LOBBYIST FIRM/EMPLOYER (if applicable) Ulupono Initiative		TELEPHONE (808) 544-8963
MAILING ADDRESS (No. and Street or P.O Box) 999 Bishop Street, Suite 1202		FAX
		EMAIL tsuntharo@ulupono.com
(City) Honolulu	(State) HI	(Zip Code) 96813

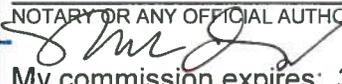
PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Ulupono Initiative		TELEPHONE (808) 544-8960
MAILING ADDRESS (No. and Street or P.O. Box) 999 Bishop Street, Suite 1202		FAX
		EMAIL info@ulupono.com
(City) Honolulu	(State) HI	(Zip Code) 96813
ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)		<input checked="" type="checkbox"/> Not Applicable
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		<input checked="" type="checkbox"/> Not Applicable

PART II.B NO LONGER LOBBYING	
<input type="checkbox"/> I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE

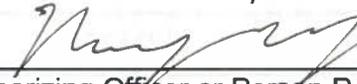
PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

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

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  Doc. Date: <u>JAN 24 2019</u> # Pages <u>2</u> Notary Name: <u>Miriam R. Domingo</u> First Circuit LOBBYIST SIGNATURE Doc. Description <u>2019 REGISTRATION</u> <u>1/24/19</u> DATE	Subscribed and sworn to before me This <u>24th</u> day of <u>JANUARY</u> , <u>2019</u> By: <u>TEERAPAT SUNTHARO</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS  My commission expires: <u>3/25/2022</u> MIRIAM R. DOMINGO NOTARY PUBLIC, FIRST JUDICIAL CIRCUIT STATE OF HAWAII No. 18-137 COMMISSION EXPIRES 3/25/2022
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PART V AUTHORIZATION TO LOBBY

NAME Murray Clay	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Managing Partner
NAME OF ORGANIZATION (if applicable) Ulupono Initiative	TELEPHONE (808) 544-8960
MAILING ADDRESS (No. and Street or P.O Box) 999 Bishop Street, Suite 1202	FAX
(City) Honolulu	EMAIL mclay@ulupono.com
(State) HI	(Zip Code) 96813
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.	
 (Signature of Authorizing Officer or Person Represented)	<u>1/25/19</u> (Date)