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COUNTY OF KAUATI



## LOBBYIST REGISTRATION STATEMENT

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.

of the previous year). NOTE THAT THIS IS A PUBLIC DOCUMENT.
(Type or Print Clearly)
NAME Last First Middle
P.O. Box 662096 Lihne, Hawaii 96766
TELEPHONE NO. (308) 651-5029 E-MAIL dwpraft 1935 @ gmail - com
NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (do not abbreviate)
Island School
BUSINESS MAILING ADDRESS Street City State Zip Code 3-1875 Kaumualii Hwy, Lihne, Hawaii 96766
BUSINESS TELEPHONE NO.
(202) 246-0233
SUBJECT AREAS OF LOBBYING (Bill/Resolution Number(s), Agenda Item(s), and/or Topic(s))
Zoning Amemment
CERTIFICATION OF LOBBYIST
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.
Da D
(Signature of Lobbyist)  (Date)
(2600)
AUTHORIZATION TO LOBBY
NAME  KATHERINE RICHARDON President  President
NAME OF ORGANIZATION (if applicable)  TELEPHONE NO.  (808) 246 -0 233
ADDRESS OF ORGANIZATION OR PERSON Street City State Zip Code 3-1875 Kannualii Hwy, Lihne Hawaii 96766
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.
Tan 15 2019
(Signature of Authorizing Officer) (Date)