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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.

OFFICE OF
THE COUNTY CLERK
COUNTY OF KAUAI

(Type or Print Clearly)

| | | | | |
|--|-------|------------------------------|----------|--|
| NAME | | | | |
| Last | First | Middle | | |
| Joseph, Kent | | | | |
| BUSINESS MAILING ADDRESS | | | | |
| Street | City | State | Zip Code | |
| 1050 Bishop Street #508, Honolulu, HI 96813 | | | | |
| TELEPHONE NO. | | E-MAIL | | |
| 808-591-9193 | | jkent@grassrootinstitute.org | | |
| NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (do not abbreviate) | | | | |
| Grassroot Institute of Hawaii | | | | |
| BUSINESS MAILING ADDRESS | | | | |
| Street | City | State | Zip Code | |
| 1050 Bishop Street #508, Honolulu, HI 96813 | | | | |
| BUSINESS TELEPHONE NO. | | | | |
| 808-591-9193 | | | | |

SUBJECT AREAS OF LOBBYING

(Bill/Resolution Number(s), Agenda Item(s), and/or Topic(s))

Business & Economic Development, Parks & Recreation, Transportation, Community Services, Housing,
Public Health, Safety & Welfare, Zoning & Planning, Public Works, Infrastructure & Sustainability, Tourism

CERTIFICATION OF LOBBYIST

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

(Signature of Lobbyist)

(Date)

11.24.2020

AUTHORIZATION TO LOBBY

| | |
|-------------|--|
| NAME | TITLE OF AUTHORIZING OFFICER OF PERSON REPRESENTED |
| Joseph Kent | Executive Vice President |

| | |
|--------------------------------------|---------------|
| NAME OF ORGANIZATION (if applicable) | TELEPHONE NO. |
| Grassroot Institute of Hawaii | 808-591-9193 |

| | | | | |
|-----------------------------------|----------|------|-------|----------|
| ADDRESS OF ORGANIZATION OR PERSON | Street | City | State | Zip Code |
| 1050 Bishop St. #508 | Honolulu | HI | 96813 | |

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer)

(Date)

12.9.2020