LOBBYIST CONTRIBUTIONS AND EXPENDITURES STATEMENT

The reporting period is from January 1st through December 31st of the previous year.

This statement shall be filed on or before January 31st of each year. NOTE THAT THIS IS A PUBLIC DOCUMENT.

STATEMENT YEAR: 2023

	DATE OF FILING NAME OF LOBBYIST			and the street street			
12/21/2				RECEIVED			
	PERSON OR ORGANIZATION	YOU LOBBY FOR (Do not abb	reviate)				
	ot Institute of Hawaii						
	S MAILING ADDRESS	Street City	State	Zip Code	23 DEC 26	A10 :11	
	ishop St. #508 Honolul	u, HI 96813			2 000 00		
	S TELEPHONE NO.						
808-864	-1776				OFFICE	OF	
	P.				THE COUNTY COUNTY OF	CLERN	
PART I: TO	OTAL EXPENDITURES				CUUNITUE	BAUN	
List all expend	TURES OF \$25 OR MORE PER litures incurred by lobbyist for the purpos section is not applicable. enditures incurred in the total su	e of lobbying of \$25 or more per person _l			ch additional she	eet(s) if necessary.	Amount
Date	Name of Recipient	Mailing Address (Street, City, Sta	ate, Zip)	Description of Expend	liture		or Value
4							
-							
List all expend	TURES OF \$150 OR MORE Plaitures incurred by lobbyist for the purposes section is not applicable.	e of lobbying of \$150 or more per person			ach additional si	heet(s) if necessary.	Amount
Date	Name of Recipient	Mailing Address (Street, City, St	ate, Zip)	Description of Expend	diture		or Value

PART II:	CONTRIBUTIONS					
List all contro 1987, as amed This	BUTIONS RECEIVED ibutions received by lobbyist for the purpose of lobbying in the total sunded. Attach additional sheet(s) if necessary. s section is not applicable. tributions in the total sum of \$25 or more per person we	om of \$25 or more per person during the statement period pursuant to Sec.	3-6.5(c)(3), Kaua'i County Code			
Date:	Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value			
2/16/23	Grassroot Institute of Hawaii	1050 Bishop St. #508 Honolulu, HI 96813	\$90			
		II.				
	SUBJECT AREAS OF LOBBYING nd/or administrative action supported or opposed during the state	ement reporting period. Shall include title of bills, resolutions, and/or	description of actions, permit,			
_	or contract management that was supported or opposed.					
property	y tax proposals					
PART IV:	AUTHORIZED PERSON		1 0			
	ence Malia Hill	men) of			
	uthorized Person (First, Middle, Last)	Signature of Authorized Person				
Policy	/ Director	12/21/23	12/21/23			
Title		Date				
	€					

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CERTIFICATION: By checking this box or signing your name on this Statement, you certify and affirm that you are the person whose name appears as the "Authorized Person" above and the information contained in the form is true, correct, and complete to the best of your knowledge and belief. You further certify that you understand that there are statutory penalties for failing to report the information required by Ordinance No. 999.