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

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DATE OF		NAME OF LO	OBBYIST				
12/06/202	2/06/2023 Lea Hong						
1	PERSON OR ORGANIZATION	YOU LOBBY	FOR (Do not ab	breviate)			
Trust for P							
	S MAILING ADDRESS	Street	City	State	Zip Code		
1164 Bis	hop St., Suite 1512, Honolulu	, HI 96813				*23 DEC 11 P2:14	
1	S TELEPHONE NO.					*23 DEC 11 PZ:14	
808-783-3	653						
PART I: TO	OTAL EXPENDITURES						
EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY							
List all expend	litures incurred by lobbyist for the purpo	se of lobbying of \$2	5 or more per persoi	n per day during t	he reporting period. At	tach additional sheet(s) if necessary.	
V This	section is not applicable.						
	enditures incurred in the total su	m of \$25 or me	ore ner dev were	made for the	following persons		
L DAPE	enditures incurred in the total sc	.m σι φ29 σι mα	ore per day were	made for the	tottowing bereous	•	Amount
Date	Name of Recipient	Mailing Add	lress (Street, City, S	State, Zip)	Description of Expe	enditure	or Value
U							
					(4)		
	TURES OF \$150 OR MORE P						
List all expend	litures incurred by lobbyist for the purpo	se of lobbying of \$1	150 or more per pers	on per day during	the reporting period. A	Attach additional sheet(s) if necessary.	
X This	section is not applicable.						
	enditures incurred in the total s	ım of \$150 or n	nore ner dav we	re made for th	e following nerson	g.	
1112		im σι φ1σσ σι 1	nore per any we	10 maac 101 tii	o ionowing person		Amount
Date	Name of Recipient	Mailing Add	dress (Street, City, S	State, Zip)	Description of Expe	enditure	or Value

PART I	I: CONTRIBUTIONS				
List all co 1987, as a	mended. Attach additional sheet(s) if necessary. This section is not applicable.	in the total sum of \$25 or more per person during the statement period r person were received from the following persons:	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		
PART I	III: SUBJECT AREAS OF LOBBYING				
	e and/or administrative action supported or opposed du ent, or contract management that was supported or opposed.	ring the statement reporting period. Shall include title of bills, reso.	olutions, and/or description of actions, permit,		
County	Open Space fund - Halulu Fishpond Access for	Waipa Foundation - Bill 2890, Ordinance B- 2023- 890			
	-				
PART	IV: AUTHORIZED PERSON				
Lea l	Hong	La Hong			
Name o	f Authorized Person (First, Middle, Last)	Signature of Authoriz	Signature of Authorized Person		
Haw	ai`i State Director	December 6, 2	December 6, 2023		
Title		Date	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.