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 O	F FILING 23	NAME OF LOBBYIST Joseph Kent		T	AF CENTED			
NAME C	F PERSON OR ORGANIZATION	N YOU LOBBY FOR (Do not a	bbreviate)					
Grassr	oot Institute of Hawaii	ž		•23	000 0			
BUSINE	SS MAILING ADDRESS	Street City	State	Zip Code	DEC 26 ATO :10			
1050	Bishop St. #508 Honolu	The same and the same at the s		•				
BUSINESS TELEPHONE NO.								
	64-1776			<u> </u>	JOUNTY DI FOM			
			d d	C00	INTY OF KAUA'I			
PART I:	TOTAL EXPENDITURES		· ·					
EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY								
	nditures incurred by lobbyist for the purp		on per day during th	he reporting period. Attac	ch additional sheet(s) if necessary.			
	is section is not applicable.							
Ex	penditures incurred in the total s	sum of $\$25$ or more per day we	re made for the	following persons:		1		
Date	Name of Recipient	Mailing Address (Street, City,	State Zin)	Description of Expend	iture	Amount or Value		
Date	Traine of the appears	Franking Hudress (Derece, Crey,	State, Sip)	Description of Expend	ituate	OI TUING		
EVDENDIMUDES OF \$150 OF MODE BED BEDSON BED DAY								
EXPENDITURES OF \$150 OR MORE PER PERSON PER DAY List all expenditures incurred by lobbyist for the purpose of lobbying of \$150 or more per person per day during the reporting period. Attach additional sheet(s) if necessary.								
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	is section is not applicable.							
Ex	penditures incurred in the total s	sum of \$150 or more per day w	ere made for the	e following persons:				
Date	Name of Recipient	Mailing Address (Street, City	State 7in	Description of Expend	litura	Amount or Value		
Date	ivame of Recipient	Maining Audress (Street, City	, State, ZIP)	Description of Expend	nture	or variation		
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				_				
-2								

PART II:	CONTRIBUTIONS		
List all cont 1987, as am	ended. Attach additional sheet(s) if necessary. is section is not applicable.	bying in the total sum of \$25 or more per person during the state re per person were received from the following perso	
Date	Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value
DADTII	I: SUBJECT AREAS OF LOBBYING		
I ARI II.	1. SOBSECT AREAS OF LOBBITMO		
	and/or administrative action supported or oppose t, or contract management that was supported or op,	ed during the statement reporting period. Shall include title	of bills, resolutions, and/or description of actions, permit,
N/A	,		
IN/A			
PART IV	Y: AUTHORIZED PERSON		\bigcap
Name of	ph William Kent Authorized Person (First, Middle, Last) Eutive Vice President	Signature o 12/21/ Date	of Authorized Person /23

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.