



## LOBBYIST CONTRIBUTIONS AND EXPENDITURES STATEMENT

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

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

STATEMENT YEAR: 2025

|   |                                       |                  |             |                   |
|---|---------------------------------------|------------------|-------------|-------------------|
| DATE OF FILING<br>1/31/2026   | NAME OF LOBBYIST<br>Matthew Prellberg |                  |             |                   |
| NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (Do not abbreviate)<br>Holomua Collaborative |                                       |                  |             |                   |
| BUSINESS MAILING ADDRESS<br>827 Fort Street Mall  | Street                                | City<br>Honolulu | State<br>HI | Zip Code<br>96813 |
| BUSINESS TELEPHONE NO.<br>808-542-4089  |                                       |                  |             |                   |

RECEIVED

26 FEB -2 A8:15

OFFICE OF  
THE COUNTY CLERK  
COUNTY OF KAUAI

### PART I: TOTAL EXPENDITURES

#### EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List all expenditures incurred by lobbyist for the purpose of lobbying of \$25 or more per person per day during the reporting period. Attach additional sheet(s) if necessary.

☒

This section is not applicable.

☐

Expenditures incurred in the total sum of \$25 or more per day were made for the following persons:

| Date | Name of Recipient | Mailing Address (Street, City, State, Zip) | Description of Expenditure | Amount or Value |
|------|-------------------|--|----------------------------|-----------------|
|      |                   |  |                            |                 |
|      |                   |  |                            |                 |
|      |                   |  |                            |                 |
|      |                   |  |                            |                 |

#### 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.

☒

This section is not applicable.

☐

Expenditures incurred in the total sum of \$150 or more per day were made for the following persons:

| Date | Name of Recipient | Mailing Address (Street, City, State, Zip) | Description of Expenditure | Amount or Value |
|------|-------------------|--|----------------------------|-----------------|
|      |                   |  |                            |                 |
|      |                   |  |                            |                 |
|      |                   |  |                            |                 |
|      |                   |  |                            |                 |

## PART II: CONTRIBUTIONS

### CONTRIBUTIONS RECEIVED

List all contributions received by lobbyist for the purpose of lobbying in the total sum of \$25 or more per person during the statement period pursuant to Sec. 3-6.5(c)(3), Kaua'i County Code 1987, as amended. Attach additional sheet(s) if necessary.

☒

This section is not applicable.

☐

Contributions in the total sum of \$25 or more per person were received from the following persons:

| Date | Name of Contributor | Mailing Address (Street, City, State, Zip) | Amount or Value |
|------|---------------------|--|-----------------|
|      |                     |  |                 |
|      |                     |  |                 |
|      |                     |  |                 |
|      |                     |  |                 |

## PART III: SUBJECT AREAS OF LOBBYING

Legislative and/or administrative action supported or opposed during the statement reporting period. Shall include title of bills, resolutions, and/or description of actions, permit, procurement, or contract management that was supported or opposed.

|  |
|--|
|  |
|  |
|  |
|  |
|  |

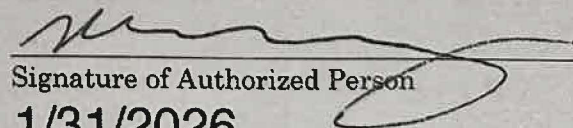
## PART IV: AUTHORIZED PERSON

**Matthew Prellberg**

Name of Authorized Person (First, Middle, Last)

**Policy and Communications Director**

Title



Signature of Authorized Person

**1/31/2026**

Date

☒

**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.