

23 JUL 26 A10:44

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.

(Type or Print Clearly)					
NAME Last First Toledo Hamm Joanne (Nonie)		First	Middle		
		ar.	Q	7' 0 1	
BUSINESS MAILING ADDRESS	Street	City	State	Zip Code	
PO BOX 283007 Honolulu, HI 96828					
TELEPHONE NO.	E-MAIL				
808-372-4444 nonie@toledoassociates.com					
NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (do not abbreviate)					
Nonie Toledo & Associates					
BUSINESS MAILING ADDRESS	Street	City	State	Zip Code	
PO Box 283007 Honolulu HI 9682	28				
BUSINESS TELEPHONE NO.					
808-372-4444					
		C OF LODDIN	210		
SUBJECT AREAS OF LOBBYING					
(Bill/Resolution Number(s), Agenda Item(s), and/or Topic(s))					
Finance, Sustainability					
CERTIFICATION OF LOBBYIST					
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
Thereby certify that the stop stronger	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-	
from the self from			7/17/23		
(Signature of Lobbyist)		(Date)			
AUTHORIZATION TO LOBBY					
NAME TITLE OF AUTHORIZING OFFICER OF PERSON REPRESENTED					
Cliff Kellogg Executive Director					
NAME OF ORGANIZATION (if applicable)			TELEPHO		
C-PACE Alliance			202-744-1		
ADDRESS OF ORGANIZATION OR PERSON Street City State Zip Code 3229 Aberfoyle Place NW, Washington DC 20015					
I hereby authorize the above named person to engage in lobbying activities on behalf of the undersigned.					
Clypty hely			7/17/23		
(Signature of Authorizing Officer)			(Date)		
06/24/16					