

## 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 <b>Wisch</b>	Fir Jos	st shua	Middle A	UN Y CLERK		
BUSINESS MAII	ING ADDRESS	Street	City	State	Zip Code		
827 Fort Street	Mall, Second Floor		Honolulu	HI	96813		
TELEPHONE NO 808-542-4089	).	E-MAIL josh@holomuacollaborative.org					
NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (do not abbreviate) Holomua Collaborative							
BUSINESS MAII 827 Fort Street	ING ADDRESS Mall, Second Floor	Street	City Honolulu	State HI	Zip Code 96813		
BUSINESS TELE 808-542-4089	PHONE NO.						

## SUBJECT AREAS OF LOBBYING

(Bill/Resolution Number(s), Agenda Item(s), and/or Topic(s))

Areas relating to making Hawaii affordable to live for local working families, including housing, zoning and planning, sustainability, public infrastructure, good government, business and ecomonic development, and transportation.

CERTIFICATION OF LOBBYIST						
I hereby certify that the information furnished above	e is, to the best of my knowledge, correct and complete.  3/5/2025					
(Signature of Lobbyist)	(Date)					

AUTHORIZATION TO LOBBY							
NAME Joshua Wisch	TITLE OF AUTHORIZING OFFICER OF PERSON REPRESENTED President and Executive Director						
NAME OF ORGANIZATION (if application Holomua Collaborative		TELEPHONE NO. 808-542-4089					
ADDRESS OF ORGANIZATION OR P 827 Fort Street Mail, Second Floor	ERSON Street	City Stat Honolulu HI					
I hereby authorize the above-named person to engage in Jobbying activities on behalf of the undersigned.  3/5/2/25							
(Signature of Authorizing Officer)		(Date)					