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: 2022

		23 JAN 23 P12:43		
DATE OF 1/23/23	FILING	NAME OF LOBBYIST Anne Frederick		
	PERSON OR ORGANIZATION Illiance for Progressive Acti	NYOU LOBBY FOR (Do not abbrevon (HAPA)	riate)	USCALLAND ERK
	S MAILING ADDRESS	Street City	State Zip Code	THE RESERVE TO THE RE
	ox 1534 Kapaa, HI 9674	6		
BUSINES 808-634 - 2	S TELEPHONE NO.			
<u></u>	033			
ART I: TO	OTAL EXPENDITURES			
				
Expe		um of \$25 or more per day were ma		Amoun
ate	Name of Recipient	Mailing Address (Street, City, State,	Zip) Description of Expend	iture or Valu
	· · · · · · · · · · · · · · · · · · ·			
	TUDES OF ALSO OF MORE I	ED DED CON DED DAY		
	TURES OF \$150 OR MORE F litures incurred by lobbyist for the purp	EK PERSON PER DAY use of lobbying of \$150 or more per person pe	· day during the reporting period. Atta	ch additional sheet(s) if necessary.
	section is not applicable.	um of \$150 or more per day were m	ade for the following persons:	
		-		Amoun
)ate	Name of Recipient	Mailing Address (Street, City, State,	Zip) Description of Expend	iture or Valu

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 su procurement, or contract management that w		atement reporting period. Shall	include title of bills, resolutio	ns, and/or description of actions, permit,				
N/A								
		· · · · · · · · · · · · · · · · · · ·						
PART IV: AUTHORIZED PERSO	N							
Anne C Frederick		,	Anne Frederick Digitally signed by Anne Frederick Date: 2023.01.23 12:17:59 -10'00'					
Name of Authorized Person (First, M	liddle, Last)		Signature of Authorized Person					
Executive Director		_	1/23/23					
Title		$\overline{\Gamma}$	Date					

X

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.