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.

2020 RECEIVED STATEMENT YEAR: DATE OF FILING NAME OF LOBBYIST 1/15/2021 Joseph Kent JAN 29 NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (Do not abbreviate) A11 :26 Grassroot Institute of Hawaii BUSINESS MAILING ADDRESS Street City State Zip Code 1050 Bishop St #508, Honolulu, HI 96813 BUSINESS TELEPHONE NO. 808-591-9193 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: Amount Name of Recipient Mailing Address (Street, City, State, Zip) Description of Expenditure 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: Amount or Value Date Name of Recipient Mailing Address (Street, City, State, Zip) Description of Expenditure

PART	II: CONTRIBUTIONS		
List all co 1987, as o	mended. Attach additional sheet(s) if necessary. This section is not applicable.	ng in the total sum of \$25 or more per person during the statement period purs per person were received from the following persons:	suant to Sec. 3-6.5(c)(3), Kaua'i County Code
Date	Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value
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PART	III: SUBJECT AREAS OF LOBBYING		
	e and/or administrative action supported or opposed e ent, or contract management that was supported or oppose	during the statement reporting period. Shall include title of bills, resolutived.	ions, and/or description of actions, permit.
We di	d not do any lobbying.		
	2		
PART	IV: AUTHORIZED PERSON		
A. CLAUA	IV, ACTIONIZED I ERGON		
Jose	eph William Kent		C+-
Name o	f Authorized Person (First, Middle, Last)	Signature of Authorized	Person .
Exe	cutive vice president	1-29-2021	
Title		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.