'21 DEC 20 P4:27

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.

This statement s STATEMENT YEAR: 2021	shall be filed on or before	January 31st of each year	. NOTE THAT THIS IS A PUBLIC D	OCUMENT. OF CLERI THE COUNTY OF KAUA
DATE OF FILING 12/15/2021	NAME OF LO Joseph Kent			
NAME OF PERSON OR ORGAN		·····		
Grassroot Institute of Hawaii				22.747
BUSINESS MAILING ADDRES		City Stat	e Zip Code	
1050 Bishop Street 508, Hor	nolulu, HI 967813			
BUSINESS TELEPHONE NO. 808-864-1776				
PART I: TOTAL EXPENDITU	RES			
This section is not applical Expenditures incurred in t	ole. he total sum of \$25 or mo		ring the reporting period. Attach additional shift the following persons: Description of Expenditure	Amount or Value
1				
EXPENDITURES OF \$150 OR List all expenditures incurred by lobbyist p This section is not applicable Expenditures incurred in t	or the purpose of lobbying of \$1. de.	50 or more per person per day o	uring the reporting period. Attach additional st	
Date Name of Recipient	Mailing Add	ress (Street, City, State, Zip)	Description of Expenditure	Amount or Value
	33434	The court of the state of the s		

PART II:	CONTRIBUTIONS		
List all cont 1987, as am X	ended. Attach additional sheet(s) if necessary. is section is not applicable.	in the total sum of \$25 or more per person during the statement pe r person were received from the following persons:	riod pursuant 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		
	and/or administrative action supported or opposed du , or contract management that was supported or opposed.	ring the statement reporting period. Shall include title of bills	, resolutions, and/or description of actions, permit,

PART IV	: AUTHORIZED PERSON		
	h William Kent	(12)	
	Authorized Person (First, Middle, Last)	Signature of Auth	nerized Person
Execu	tive Vice President	12/15/2021	
Title		Date	
K 7			

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.