

## 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.

24 JAN 26 P3 26

Amount

RECEIVED

# STATEMENT YEAR: 2023

DATE OF FILING	NAME OF LOBBYIST David W. Pro	THE COUNTY CLE
NAME OF PERSON OR ORCHANIZATI	DN YOU LOBBY FOR (Do not aboreviate) Island	School COUNTY JF (AU.
BUSINESS MAILING ADDRESS ヨード・フェ	Street City State Zip Cod Kanmuglin Hwy Lihne Hawan 3	e 6766
BUSINESS TELEPHONE NO.	16-0233	
PART I: TOTAL EXPENDITURES	NONE	

### **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 sheel(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:

Date Name of Recipient	Mailing Address (Street, City, State, Zip)	Description of Expenditure	Amount or Value

#### **EXPENDITURES OF \$150 OR MORE PER PERSON PER DAY**

List all expenditures incurred by lobby ist for the purpose of lobbying of \$150 or more per person per day during the reporting period. Attach additional sheet(s) if necessary.

	1
- E	
- 11	-
	_ 1

This section is not applicable.

Expenditures incurred in the total sum of \$150 or more per day were made for the following persons:

Date Name of ]	Recipient	Mailing Address (Street, City, State, Zip)	Description of Expenditure	or Value

PART II: CONTRIBUTIONS	NONE

#### 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:

Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value
	Name of Contributor	Name of Contributor Mailing Address (Street, City, State, Zip)

#### PART III: SUBJECT AREAS OF LOBBYING

Legislative and/or exaministrative action supported or opposed during the statement reporting period. Shall include title of bills, resolutions, and/or description of actions, permit, procurement, or contract management that was supported or opposed.

PART IV: AUTHORIZED PERSON

David W. Pratt

Name of Authorized Person (First, Middle, Last)

Vice President

Title

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.

Daw W Proto

2024

Signature of Authorized Person

Jan 19

Date

06/24/16