

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: 2021

DATE OF 1/4/2022		NAME OF LOBBYIST Fern A Holland					RECEIVED		
	F PERSON OR ORGANIZA Alliance for Progressive		R (Do not abb	reviate)		eesseense erkeesse na parkenen op ne op			
BUSINES	SS MAILING ADDRESS	Street PO Box 1534	City Kapaa	State Hawaii	Zip Code 96746	*22	JAN -5	A9:48	
BUSINES 808-634-6	BS TELEPHONE NO. 3242		•				0.1151.55	4.0-4	
ART I: T	OTAL EXPENDITURES						UNTY OF		
	TURES OF \$25 OR MOR					1:4:	-1 :-		
	a section is not applicable.	burbase of montroff of \$20 or	more per person	per any maring are	reporting pertical random dan	HINDYNAI SINEEK	e) ij nevessury		
Emmand	enditures incurred in the to	tal sum of \$25 or more	per day were	made for the fo	llowing persons:			Amount	
ste	Name of Recipiont	Mailing Address	(Street, City, St	ate, Zip)	Description of Expenditure			or Value	

		1							
	(TURES OF \$150 OR MO) ditures incurred by lobbyist for the			n per day during th	ne reporting period. Attach ac	láitional shee	t(s) if necessar	y.	
PTT1	s section is not applicable.								
	enditures incurred in the to	tal sum of \$150 or mor	e per day wer	e made for the l	following persons:				
)ate	Name of Recipient	Mailing Addres	s (Street, City, S	tate, Z(p)	Description of Expenditure			Amount or Value	

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					
Legislative procuremen	I: SUBJECT AREAS OF LOBBYING and/or administrative action supported or opposed of, or contract management that was supported or opposed bying conducted for 5 or more hours in		tions, and/or description of actions, permit,					
***************************************	v: AUTHORIZED PERSON Anuenue Holland	· Ann						
Name of	Authorized Person (First, Middle, Last)	Signature of Authorized	Person					
Com	munity Organizer	1/4/2022						
Title	***************************************	Date	Date					
X c	ERTIFICATION: By checking this box or si	igning your name on this Statement, you certify and affirm the	hat you are the person whose name					

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.