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OFFICE OF THE COUNTY CLERK COUNTY OF KAUA'I



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	FILING	NAME OF LOBBYIST	David W.	Pratt				
NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (Do not abbreviate)								
Island School								
BUSINESS MAILING ADDRESS Street City State Zip Code 3-1875 Kaumualii Hwy Lihne Hawaii 96766								
BUSINESS TELEPHONE NO. (808) 246 - 0233								
PART I: TO	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 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:								
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 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								
Date	Name of Recipient	Mailing Address (Street, City	, State, Zip)	Description of Expenditure	or Value			
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PART II:	CONTRIBUTIONS						
List all contr	BUTIONS RECEIVED ibutions received by lobbyist for the purpose of lobbying in the total sunded. Attach additional sheet(s) if necessary.	um of \$25 or more per person during the statement period pursuant to Sec.	3-6.5(c)(3), Kaua'i County Code				
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						
	md/or administrative action supported or opposed during the state or contract management that was supported or opposed.	ment reporting period. Shall include title of bills, resolutions, and/or	description of actions, permit,				
Zoning prior to 2021							
***************************************		A TOTAL CONTROL OF THE PROPERTY OF THE PARTY					
PART IV	AUTHORIZED PERSON						
0	David W Pratt	Dam w Prot	٨.				
Name of A	authorized Person (First, Middle, Last)	Signature of Authorized Person					
\/	ice President	<u> </u>	2022				
Title	105 INSTIGENT	Date January 7	2022				
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.							

06/24/16