

LOBBYIST CONTRIBUTIONS AND EXPENDITURES STATEMENT

RELEVED

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: 2022			'23 JAN 17 P1:
DATE OF FILING	NAME OF LOBBYIST	W. Pratt	
NAME OF PERSON OR ORGANIZATIO	N YOU LOBBY FOR (Do not abbreviate)	Island School	650K-5) KVPV 785 - A 1 C 53
BUSINESS MAILING ADDRESS	Street City State	Zip Code	
3- 18 75 BUSINESS TELEPHONE NO. (すっ		avain 96766	
ART I: TOTAL EXPENDITURES		None	
XPENDITURES OF \$25 OR MORE P	ER PERSON PER DAY pose of lobbying of \$25 or more per person per day during	d	W.) '6
This section is not applicable.	sum of \$25 or more per day were made for the		Amount
ate Name of Recipient	Mailing Address (Street, City, State, Zip)	Description of Expenditure	or Value
EXPENDITURES OF \$150 OR MORE is all expenditures incurred by lobbyist for the purp	PER PERSON PER DAY pose of lobbying of \$150 or more per person per day durin	g the reporting period. Attach additional sh	eet(s) if necessary.
This section is not applicable. Expenditures incurred in the total	sum of \$150 or more per day were made for the	ne following persons:	Amount
Date Name of Recipient	Mailing Address (Street, City, State, Zip)	Description of Expenditure	or Value
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PART 1	II: CONTRIBUTIONS		
List all co 1987, as c	Phis section is not applicable.	bying in the total sum of \$25 or more per person during the statement per	riod pursuant to Sec. 3-6.5(c)(3), Kaua'i County Code
		re 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		
	ve and/or administrative action supported or opposent, or contract management that was supported or op	ned during the statement reporting period. Shall include title of bills, posed.	resolutions, and/or description of actions, permit,
	Zoning prior to 202	C)	
	7 70 202		
PART	IV: AUTHORIZED PERSON	······································	
	David W. Pratt of Authorized Person (First, Middle, Last)		w Prom
Name c	of Authorized Person (First, Middle, Last)	Signature of Author	orized Person
	Vice President	Jan 1	7 2023
Title		Date	
\ \	CERTIFICATION: By checking this box of	r signing your name on this Statement, you certify and af	firm that 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.