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SEFFICE OF

LOBBYIST	RE	GISTR	ATION	STA	TEMENT
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You must file this statement with the Office of the County Clerk if you are an individual who for pay or other consideration engages in lobbying on behalf of another person, or organization, for more than five (5) hours in any month or spends more than \$750 lobbying during any reporting period (January 1st through December 31st of the previous year). NOTE THAT THIS IS A PUBLIC DOCUMENT.

	(Type or Print (Clearly)							
NAME Last	First	Middle							
Kent, Joseph William	·								
BUSINESS MAILING ADDRESS	Street	City	State	Zip Code					
1050 Bishop St #508, Honolulu, HI 96813									
TELEPHONE NO.	E-MAIL								
808-864-1776									
NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (do not abbreviate) Grassroot Institute of Hawaii									
BUSINESS MAILING ADDRESS	Street	City	State	Zip Code					
1050 Bishop St. #508, Honolu		City	State	Zip Code					
BUSINESS TELEPHONE NO.									
	JBJECT AREAS O								
(Bill/Resolution Number(s), Agenda Item(s), and/or Topic(s))									
Housing, taxation, zoning, energy, budget									
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	-			<u> </u>					
C	ERTIFICATION O	F LOBBYI	ST						
I hereby certify that the information furn				ct and complete.					
	12/13/2022								
			2022						
(Signature of Lobbyist)		(Date)							
	AUTHORIZATION								
NAME TITLE OF AUTHORIZING OFFICER OF PERSON REPRESENTED									
Joseph Kent	Executive vice pr	esident	TELEPHO	ONE NO					
NAME OF ORGANIZATION (if applica Grassroot Institute of Hawaii		808-864							
ADDRESS OF ORGANIZATION OR PERSON Street City State Zip Code 1050 Bishop St. #508, Honolulu, HI 96813									
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.									
		12/13/2022							
(Signature of Authorizing Officer) (Date)									