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: 2022

DATE OF January		NAME OF LOBBYIST Joshua Wisch		FOR PARTITION			
NAME OF Holomua	F PERSON OR ORGANIZATION a Collective	YOU LOBBY FOR (Do not abbreviat	e)	- HOWER ED			
	SS MAILING ADDRESS Street Mall, 2nd Floor, Hono		ate Zip Code	23 JAN -3 A8:01			
BUSINES 808-744	SS TELEPHONE NO. -2707			APRIOT OF			
PART I: T	OTAL EXPENDITURES			COUNTY OF KAUAT			
List all expen	s section is not applicable.	R PERSON PER DAY se of lobbying of \$25 or more per person per day am of \$25 or more per day were made		itional sheet(s) if necessary.			
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		
			1. 1				

PART II	: CONTRIBUTIONS			
List all con 1987, as am	IBUTIONS RECEIVED tributions received by lobbyist for the purpose of lobbying in the total sumended. Attach additional sheet(s) if necessary. his section is not applicable. ontributions in the total sum of \$25 or more per person we	m of \$25 or more per person during the statement period pursuant to Sec. 3- ere received from the following persons:	·6.5(c)(3), Kaua'i County Code	
Date	Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value	
PART II	I: SUBJECT AREAS OF LOBBYING			
	and/or administrative action supported or opposed during the states t, or contract management that was supported or opposed.	ment reporting period. Shall include title of bills, resolutions, and/or d	escription of actions, permit,	
N/A			v	
D 4 D M II	A A A A A A A A A A A A A A A A A A A			
PARTIV	: AUTHORIZED PERSON			
Joshua \	Wisch	Alua Vis		
	Authorized Person (First, Middle, Last)	Signature of Authorized Person		
resider	nt & Executive Director	January 2, 2023		
Γitle		Date		

X

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.