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: 2023

DATE OF 12/04/20		NAME OF LOB Beth Amarc					
	PERSON OR ORGANIZATIO	N YOU LOBBY	FOR (Do not al	obreviate)			
20 TOTAL COLUMN						*23 DEC 11 A8:	02
	S MAILING ADDRESS	Street	City	State	Zip Code		
4463 P	ahee Street, Suite 1, Lil	nue, HI 9676	66				
	S TELEPHONE NO.						C
808-246-4	300					1 1 n	1
PART I: T	OTAL EXPENDITURES						
X This	ditures incurred by lobbyist for the purposes section is not applicable. enditures incurred in the total s					itional sheet(s) if necessary.	Amount
Date	Name of Recipient	Mailing Add	ress (Street, City,	State, Zip)	Description of Expenditure		or Value
List all expen This	TURES OF \$150 OR MORE additures incurred by lobbyist for the purpose section is not applicable. enditures incurred in the total	oose of lobbying of \$1	50 or more per per			ditional sheet(s) if necessary.	Amount
Date	Name of Recipient	Mailing Add	lress (Street, City,	State, Zip)	Description of Expenditure		or Value

PART II: CONTRIBUTI	ONS					
1987, as amended. Attach addit This section is not	o lobbyist for the purpose of lobbying in the tota ional sheet(s) if necessary.			o Sec. 3-6.5(c)(3), Kaua'i County Code		
Date Name of Contribu	itor	Mailing Address (Street, C.	ity, State, Zip)	Amount or Value		
2						
PART III: SUBJECT AI	REAS OF LOBBYING					
	ive action supported or opposed during the s ement that was supported or opposed.	statement reporting period. Sho	all include title of bills, resolutions, a	nd/or description of actions, permit,		
Electric utility operation	ons					
			=			
	=					
PART IV: AUTHORIZE	D PERSON					
Beth Ann Ama	ro		sam	_		
Name of Authorized Perso	on (First, Middle, Last)		Signature of Authorized Person			
Member Services and	Communications Manager		12/04/2023			
Title		-	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.