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LOBBYIST CONTRIBUTIONS AND EXPENDITURES STATEMENT

RECEIVED

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.

STATEME	NT YEAR: 2023				•	'2A	JAN 12	A7 54	
DATE OF January 1	The state of the s	NAME OF LO				· · · · · · · · · · · · · · · · · · ·	OFFICE	OF	
	PERSON OR ORGANIZATION (AUAI LAGOONS LAND, LLC	YOU LOBBY F	OR (Do not abbre	eviate)		T11	COUNTY UNITY OF	KAUAT	
	S MAILING ADDRESS ahi Street, Suite A, Lihue, Kau	Street ai, Hawaii 967	City '66	State	Zip Code				
BUSINES (808) 246-	S TELEPHONE NO. 6961								
PART I: T	OTAL EXPENDITURES								
List all expend	TURES OF \$25 OR MORE PEI litures incurred by lobbyist for the purpose			er day during the	reporting period. Attach additional sh	ieet(s) if neces	ssary.		
This section is not applicable. Expenditures incurred in the total sum of \$25 or more per day were made for the following persons:								Amount	
Date	Name of Recipient	Mailing Addre	ess (Street, City, Stat	e, Zip)	Description of Expenditure			or Value	
							100		
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 Addr	ress (Street, City, Stat	te, Zip)	Description of Expenditure			or Value	
								7.	

PART II: CONT	RIBUTIONS					
1987, as amended. At This section	NS RECEIVED received by lobbyist for the purpose of lobbying in the totach additional sheet(s) if necessary. n is not applicable. ons in the total sum of \$25 or more per person			3-6.5(c)(3), Kaua'i County Code		
Date Name o	f Contributor	Mailing Address (Street, 6	City, State, Zip)	Amount or Value		
				 		
				-		
PART III: SUBJ	ECT AREAS OF LOBBYING					
	dministrative action supported or opposed during the	statement reporting period. Sl	all include title of bills, resolutions, and/or	description of actions, permit,		
	act management that was supported or opposed.		The state of the s			
BILL NO. 2831						
Note: The term "	Expenditures" in Ordinance No. 999 does not	include attorney's fees pro	tected by the attorney-client privilege.			
(Hawaii Ru	lles of Professional Conduct, Rule 1.6)					
PART IV: AUTH	ORIZED PERSON					
	- ·					
Michael J. B		u De				
Name of Authoriz	ted Person (First, Middle, Last)		Signature of Authorized Person			
Attorney			01/11/2024			
Title			Date			

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.