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 01/04/202		NAME OF LOBBYIST Douglas S. Chin				
	F PERSON OR ORGANIZATIO thwest Corp. and Falck USA, Inc	N YOU LOBBY FOR (Do not able).	oreviate)		•=:	
BUSINES	SS MAILING ADDRESS	Street City	State	Zip Code	24 JAN -4 P	3 108
733 Bish	op Street, Suite 1900, Hono	lulu, HI 96813				
Among propositional and a real-money	SS TELEPHONE NO.				UFFICE OF	
(808) 537-6100						ERK
					COUNTY OF KA	UA'I
PART I: T	OTAL EXPENDITURES					
List all expen	s section is not applicable.	sum of \$25 or more per day were Mailing Address (Street, City, S	made for the f		nal sheet(s) if necessary.	Amount or Value
			,,			
-						
List all expen	s section is not applicable.	PER PERSON PER DAY coose of lobbying of \$150 or more per person sum of \$150 or more per day wer			ional sheet(s) if necessary.	Amount
Date	Name of Recipient	Mailing Address (Street, City, S	tate, Zip)	Description of Expenditure		or Value

PART I	I: CONTRIBUTIONS		
List all con	IBUTIONS RECEIVED ntributions received by lobbyist for the purpose of lobbying mended. Attach additional sheet(s) if necessary.	in the total sum of \$25 or more per person during the statement period pa	ursuant to Sec. 3-6.5(c)(3), Kaua'i County Code
	his section is not applicable. Contributions in the total sum of \$25 or more pe	er person were received from the following persons:	
Date	Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value
PART I	II: SUBJECT AREAS OF LOBBYING		
	e and/or administrative action supported or opposed du int, or contract management that was supported or opposed	uring the statement reporting period. Shall include title of bills, resolu l.	utions, and/or description of actions, permit,
Resolut	tion No. 2023-60.		
			1 1
		oes not include attorney's fees protected by the attorney-clier	nt privilege.
(Hawaii	i Rules of Professional Conduct, Rule 1.6)		
PART I	V: AUTHORIZED PERSON		
Doug	las S. Chin	asu	-
Name of	f Authorized Person (First, Middle, Last)	Signature of Authorize	d Person
Attori	ney	01/04/2024	
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.