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

STATEME	NT YEAR: 2020					at the	ance 19 , at	year - h	S growing galley	
DAME OF	DII ING	MANUAL OF LOD	DMICM			- 1	the Late			
DATE OF 01/04/202		NAME OF LOBBYIST Maile S. Miller								
			ND (D) (11	• 1 \						
	F PERSON OR ORGANIZATION Y thwest Corp. and Falck USA, Inc.	OO LOBBY FC	K (Do not abbre	eviate)		'24	.IAN	-4	P3:08	
	S MAILING ADDRESS	Street	0:4	Ct-t-	7: Cala	Bio 7	PM 614	_		
			City	State	Zip Code				No. on	
	op Street, Suite 1900, Honolul	ı, nı 90013				70" 2 4 6	985	UTV	Ut EBK	
BUSINESS TELEPHONE NO. (808) 537-6100 THE COUNTY CLERK COUNTY OF KAUA'						KAHAT				
(000) 337-	-0100					00	With 1	N# 1	1577-071	
PART I: T	OTAL EXPENDITURES									
List all expens	TURES OF \$25 OR MORE PER ditures incurred by lobbyist for the purpose a section is not applicable. enditures incurred in the total sur	of lobbying of \$25 or	r more per person pe				ditional	shee	et(s) if necessary.	
Data	Name of Basisiant	M-:1: A 3 3	- /Ctt Cit Ct	. 7:\	Description of France					Amount or Value
Date	Name of Recipient	Mailing Addres	s (Street, City, Stat	e, Zip)	Description of Expe	enaiture	,			or value
					· I					
	TURES OF \$150 OR MORE PE ditures incurred by lobbyist for the purpose			per day during t	he reporting period. 2	Attach a	ddition	al sh	eet(s) if necessar	y.
	s section is not applicable. enditures incurred in the total sur	n of \$150 or mor	e per day were	made for the	following person	ns:				
Data	Name of Posiciont	Mailing Addres	ss (Street, City, Star	to Zin)	Description of Exp	anditure				Amount or Value
Date	Name of Recipient	Maning Addres	ss (oureet, Oity, Sta	ie, zip)	Description of Exp	enanure	3			OI TAIME

PART II: CONTRIBUTIONS						
1987, as amended. Attach additional sheet(s) if necessar This section is not applicable.	of lobbying in the total sum of \$25 or more per person during the statement period pu r more per person were received from the following persons:	ırsuant to Sec. 3-6.5(c)(3), Kaua'i County Code				
Date Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value				
PART III: SUBJECT AREAS OF LOBBYI	VG					
Legislative and/or administrative action supported or procurement, or contract management that was supporte	opposed during the statement reporting period. Shall include title of bills, resolutor opposed.	tions, and/or description of actions, permit,				
Resolution No. 2023-60.						
Note: The term "Expenditures" in Ordinance	lo. 999 does not include attorney's fees protected by the attorney-clien	nt privilege.				
(Hawaii Rules of Professional Conduct, Rule	1.6)					
PART IV: AUTHORIZED PERSON						
Maile S. Miller	muini					
Name of Authorized Person (First, Middle, L	st) Signature of Authorized	Signature of Authorized Person				
Attorney	01/04/2024	01/04/2024				
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.