

## 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.

18 DEC 11 A10:11

STATEMENT YEAR: 2018

DATE OF			ME OF LOBBYIST			OFFICE OF			
11 Decem				THE COUNTY CLERI	K				
NAME OF None	PERSON OR ORGANIZATION	YOU LOBBY FO	R (Do not abbre	viate)		COUNTY OF KAUA.	Yilana.		
BUSINESS MAILING ADDRESS Street City State Zip Code				Zip Code					
4334 Rice Street, Suite 202, Lihue, Hawaii 96766									
	S TELEPHONE NO.			72 1.00 2.00					
PART I: TO	OTAL EXPENDITURES	California de Companyo de Constantino de Constantin					***		
,									
EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY									
List all expenditures incurred by lobbyist for the purpose of lobbying of \$25 or more per person per day during the reporting period. Attach additional sheet(s) if necessary.									
X This	section is not applicable.								
	enditures incurred in the total sur	m of \$25 or more t	er dav were ma	ade for the fol	llowing persons:				
							Amount		
Date	Name of Recipient	Mailing Address	(Street, City, State	, Zip)	Description of Expenditure		or Value		
						THE PERSON LEAGUEST OF CLUB, A 12 CT			
EXPENDI'	TURES OF \$150 OR MORE PE	R PERSON PER	R DAY						
	litures incurred by lobbyist for the purpose			er day during the	e reporting period. Attach add	ditional sheet(s) if necessary.			
X This									
	This section is not applicable.  Expenditures incurred in the total sum of \$150 or more per day were made for the following persons:								
Expe	enditures incurred in the total sur	n of \$150 or more	per day were ii	rade for the r	onowing persons.		Amount		
Date	Name of Recipient	Mailing Address	(Street, City, State	, Zip)	Description of Expenditure		or Value		
						accommunity of the control of the co			
	L						_L		

PART	II: CONTRIBUTIONS				
List all co 1987, as c	rmended. Attach additional sheet(s) if necessary.  This section is not applicable.	n the total sum of \$25 or more per person during the statement period pu person were received from the following persons:	rsuant to Sec. 3-6.5(c)(3), Kaua'i County Code		
Date	Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value		
DADT	III: SUBJECT AREAS OF LOBBYING				
IARI	III. SCOULCT AREAS OF LODDIING				
Legislatio procurem	ve and/or administrative action supported or opposed duri ent, or contract management that was supported or opposed.	ing the statement reporting period. Shall include title of bills, resolu	tions, and/or description of actions, permit,		
N/A					
		- Ave 100 M			
L			La Al-Al-Al-Al-Al-Al-Al-Al-Al-Al-Al-Al-Al-A		
PART	IV: AUTHORIZED PERSON				
Lorn	a Akiko Nishimitsu	Similarinte	u		
Name o	f Authorized Person (First, Middle, Last)	Signature of Authorized	Signature of Authorized Person		
		11 December	2018		
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.