## LOBBYIST CONTRIBUTIONS AND EXPENDITURES STATEMENT

The reporting period is from January 1<sup>st</sup> through December 31<sup>st</sup> of the previous year.

This statement shall be filed on or before January 31<sup>st</sup> of each year. NOTE THAT THIS IS A PUBLIC DOCUMENT.

STATEMENT YEAR: 2018

DATE OF FILING	NAME OF LO					
1/29/2019	Allan S. Rieto					
NAME OF PERSON OR ORGANIZATION	YOU LOBBY	FOR (Do not a	bbreviate)			
The Nature Conservancy				RECENTED		
BUSINESS MAILING ADDRESS	Street	City	State	Zip Code		
4371 Puaole St., Suite C, Lihue, HI 9	6766					
BUSINESS TELEPHONE NO.				910 1011 D4 010 .40		
808-587-6262	S			19 JAN 31 A10:15		
PART I: TOTAL EXPENDITURES				WELLICE VE		
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.  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 Add	ress (Street, City,	State, Zip)	Description of Expenditure	or Value	
EXPENDITURES OF \$150 OR MORE P  List all expenditures incurred by lobbyist for the purpo  This section is not applicable.  Expenditures incurred in the total su	se of lobbying of \$15	50 or more per pers		the reporting period. Attach additional sheet(s) if necessary.  following persons:	Amount	
Date Name of Recipient	Mailing Add	ress (Street, City,	State, Zip)	Description of Expenditure	or Value	
			-			

PART II: CONTRIBUTIONS			
1987, as amended. Attach additional sheet(s) if necess.  This section is not applicable.	ose of lobbying in the total sum of \$25 or more per person sary. 5 or more per person were received from the fo		ursuant to Sec. 3-6.5(c)(3), Kaua'i County Code
Date Name of Contributor	Mailing Address (Street, O	City, State, Zip)	Amount or Value
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			And the second
PART III: SUBJECT AREAS OF LOBB	YING		
Legislative and/or administrative action supported procurement, or contract management that was suppo	or opposed during the statement reporting period. Sharted or opposed.	nall include title of bills, resolu	utions, and/or description of actions, permit
PART IV: AUTHORIZED PERSON			
Allan S. Rietow		RODE	
Name of Authorized Person (First, Middle,	Last)	Signature of Authorized	d Person
Field Representative		01/30/2019	
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.