

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: 2018

DATE OF FILING 12/11/18 NAME OF LOBBYIST TOM H. Shigemoto NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Alexander & Baldwin LLC BUSINESS MAILING ADDRESS Street City State Zip Code P. O. Box 178, Eleele, HI 96766 BUSINESS TELEPHONE NO. (808) 335-2836 PART I: TOTAL EXPENDITURES EXPENDITURES 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. Amount Date Name of Recipient Mailing Address (Street, City, State, Zip) Description of Expenditure Description of Expenditure Or Value				
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Amount				
Date Name of Recipient Mailing Address (Street, City, State, Zip) Description of Expenditure or Value				
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 Address (Street, City, State, Zip) Description of Expenditure or Value				

PART	II: CONTRIBUTIONS			
List all co 1987, as c	mended. Attach additional sheet(s) if necessary. This section is not applicable.	ing in the total sum of \$25 or more per person during the statement period pure person were received from the following persons:	suant to Sec. 3-6.5(c)(3), Kaua'i County Code	
Date	Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value	
Legislativ procurem	ent, or contract management that was supported or oppos al Plan Update	during the statement reporting period. Shall include title of bills, resoluti ed.	ions, and/or description of actions, permit,	
PART I	V: AUTHORIZED PERSON			
Tom H. Shigemoto Name of Authorized Person (First, Middle, Last) Vice President Title		Signature of Authorized In 12/11/2018 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.