## 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: 2021

DITTE					RECEIVED	
DATE OF	FILING	NAME OF LOBBYIST Michael L. Iosua				
	PERSON OR ORGANIZATION Vacations Worldwide	YOU LOBBY FOR (Do not abb	oreviate)		*22*22JANJA8 18P 4P24:2	4
1	S MAILING ADDRESS	Street City	State	Zip Code		
	an Marco Court, Orlando	, FL 32819			00万47秦 0度	
BUSINES (407) 460-	S TELEPHONE NO. 0680				THE COUNTY OF EM	± ,
PART I: TO	OTAL EXPENDITURES			444		
List all expend	TURES OF \$25 OR MORE PER litures incurred by lobbyist for the purpose section is not applicable. enditures incurred in the total sur	of lobbying of \$25 or more per person n of \$25 or more per day were	made for the fo	ollowing persons:		Amount
Date	Name of Recipient	Mailing Address (Street, City, St	ate, Zip)	Description of Expenditur	e	or Value
List all expend	TURES OF \$150 OR MORE PE litures incurred by lobbyist for the purpose section is not applicable.		n per day during th	ne reporting period. Attach o	additional sheet(s) if necessary.	
The second second	enditures incurred in the total sur	n of \$150 or more per day were	e made for the	following persons:		
Date	Name of Recipient	Mailing Address (Street, City, St		Description of Expenditur		Amount or Value
Date	Traine of Recipient	maning radices (bircet, Olly, De		Description of Experience		

PART II: CONTRIBUTIONS				
CONTRIBUTIONS RECEIVED  List all contributions received by lobbyist for the pur 1987, as amended. Attach additional sheet(s) if nece  This section is not applicable.	essary.		to Sec. 3-6.5(c)(3), Kaua'i County Code	
Date Name of Contributor		e per person were received from the following persons:  Mailing Address (Street, City, State, Zip)		
PART III: SUBJECT AREAS OF LOBI				
Legislative and/or administrative action supported procurement, or contract management that was supp	d or opposed during the statement reporting pe	riod. Shall include title of bills, resolutions, o	and/or description of actions, permit,	
PART IV: AUTHORIZED PERSON		1		
Michael L. Iosua		Mrdr		
Name of Authorized Person (First, Middle	e, Last)	Signature of Authorized Person		
Attorney, Gov't Relations	S	January 18, 2022		
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.