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: 2019

		· · · · · · · · · · · · · · · · · · ·								
	DATE OF FILING NAME OF LOBBYIST									
	December 1, 2019 Tom H. Shigemoto									
NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (Do not abbreviate)										
	perties Hawaii, LLC			- C1	~		- STENEN	-		
BUSINES	S MAILING ADDRESS		treet	City	State	Zip Code	The local Kinder			
		4353 Wa	aialo Rd.,	Lihue,	HI	96705				
BUSINESS TELEPHONE NO.										
	(808) 335-2836 *20 JAN						20 JAN 17 P2:35			
PART I: TO	OTAL EXPENDITURE	<u>S</u>								
*****			20011222	~ . **			THE COUNTY CLERK			
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.										
Lisi un expend	icures incurred by tobbytst for t	the purpose of too	Doyung of \$25 ar	more per person p	er any nuring the	геропинд региоа. Анас	en daattional-sheet(s) if necessary.			
X This	section is not applicable									
	enditures incurred in the		\$25 or more	per day were n	nade for the fo	llowing persons:				
								Amount		
Date .	Name of Recipient Mailing Address (Street, City, State, Zip) Description of Expenditure				liture	or Value				

THENTAINE		000 000 n		~ ~						
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.										
X This	section is not applicable									
Exp	enditures incurred in the	total sum of	\$150 or more	e per day were	made for the	following persons:				
T) - t -	XY		NG 212 4 11	.0 0 0.		D 111 07		Amount or Value		
Date	Name of Recipient		Mailing Addres	s (Street, City, Sta	te, Zip)	Description of Expend	diture	or value		
					ACCESS OF THE PARTY OF THE PART					
	Services .									

PART II: CONT	RIBUTIONS				
1987, as amended. At This section	received by lobbyist for the purpose of located additional sheet(s) if necessary. In is not applicable.	bbying in the total sum of \$25 or more per person during the statement period parties of the person were received from the following persons:	pursuant to Sec. 3-6.5(c)(3), Kaua'i County Code		
	f Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value		
Public Works					
PART IV: AUTI	IORIZED PERSON				
			, /		
Tom H. S		yhn, I	jamalo		
Vice Pres	zed Person (First, Middle, Last)	Signature of Authoriz			
Title	IUCIII	Date January 17,	January 17, 2020		
	SAUDIONE De la limita de la				

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.