

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

~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			DECENTED	
DATE OF 1/30/2020		ME OF LOBBYIST lam Thongsavat		
NAME OF	PERSON OR ORGANIZATION YO	J LOBBY FOR (Do not abbreviate)		
Airbnb, Inc	G.		20 JAN 31 P2:23	
BUSINES	S MAILING ADDRESS	Street City State	Zip Code	
c/o 2350	Kerner Blvd., San Rafael, CA 94	901		
	S TELEPHONE NO.		UP TICE UP	11
415-389-6	800		THE COUNTY CLERK	
			GOUNTY OF KAUAT	-
PART I: TO	OTAL EXPENDITURES			
List all expend This Expe	section is not applicable.	bbying of \$25 or more per person per day during the	reporting period. Attach additional sheet(s) if necessary. lowing persons: Description of Expenditure	Amount or Value
List all expend	section is not applicable.		e reporting period. Attach additional sheet(s) if necessary.	
- Tybe	enditures incurred in the total sum of	. \$150 of more per day were made for the r	onowing persons.	Amount
Date	Name of Recipient	Mailing Address (Street, City, State, Zip)	Description of Expenditure	or Value
				1

PART II: (CONTRIBUTIONS			
List all contri 1987, as amer This	nded. Attach additional sheet(s) if necessary. s section is not applicable.	obying in the total sum of \$25 or more per person dur ore per person were received from the follow		Sec. 3-6.5(c)(3), Kaua'i County Code
Date	Name of Contributor	Mailing Address (Street, City,	State, Zip)	Amount or Value
12/31/2019	Airbnb, Inc.	c/o 2350 Kerner Blvd., S	an Rafael, CA 94901	928.48
Legislative ar	SUBJECT AREAS OF LOBBYING nd/or administrative action supported or oppose or contract management that was supported or op	sed during the statement reporting period. Shall opposed.	include title of bills, resolutions, an	d/or description of actions, permit,
Short term	rentals, platform liability / hosting platfo	rm obligations		
				J
PART IV:	AUTHORIZED PERSON			
Joel Au	urora		Sel A-	
Name of A	uthorized Person (First, Middle, Last)	S	Signature of Authorized Person	1
Design	ated Agent for Filer		(1/30/2020	
Title		Ī	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.

06/24/16