'21 DEC 27 P12:57

THE COUNTY CLERK COUNTY OF KAUA'I



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

	TE OF FILING NAME OF LOBBYIST						
11/22/21	1/22/21 Adam Thongsavat						
NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (Do not abbreviate)							
Airbnb, Inc.							
BUSINES	S MAILING ADDRESS	Street City S	tate	Zip Code			
c/o 2350 Kerner Blvd., Suite 250, San Rafael, CA 94901							
BUSINESS TELEPHONE NO.							
415-389-6800							
110 000 0							
DADELY MODELY DYDDIVDYMYDDO							
PART I: TOTAL EXPENDITURES							
EVDENDI	DUDES OF AST OF MORE DEL	DEDCOM DED DAY					
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.							
List at expenditures incurred by todoysis for the purpose of todoying of \$25 or more per person per day auring the reporting period. Attach additional sneet(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 Address (Street, City, State, Zip	p) I	Description of Expenditure	or Value		
,							
EVDENDIBUDES OF \$150 OD MODE DED DEDSON DED DAY							
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.							
Expe	Expenditures incurred in the total sum of \$150 or more per day were made for the following persons:						
ъ.	N CD	M. W		2 1 1 1 17	Amount or Value		
Date	Name of Recipient	Mailing Address (Street, City, State, Zi	p) 1	Description of Expenditure	or value		
					1 1		

PART II: CONTRIBUTIONS				
1987, as amended. Attach additional sheet(s) if necessary.  This section is not applicable.	bying in the total sum of \$25 or more per person during the series of the following person were received from the following per	statement period pursuant to Sec. 3-6.5(c)(3), Kaua'i County Code ersons:		
Date Name of Contributor	Mailing Address (Street, City, State, Zi	(p) Amount or Value		
PART III: SUBJECT AREAS OF LOBBYING				
Legislative and/or administrative action supported or oppose procurement, or contract management that was supported or oppose		title of bills, resolutions, and/or description of actions, permit,		
None				
PART IV: AUTHORIZED PERSON				
PART IV: AUTHORIZED PERSON				
Adam Thongsavat		Adam Thongsarat		
Name of Authorized Person (First, Middle, Last)		re of Authorized Person		
Program Director	12/22	12/22/21		
Title	Date	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