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## 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.

2023 STATEMENT VEAR.

DATE OF	FILING	NAME OF LOBBYIST	OFFICE OF	UP TOE OF	
1/2/24		Caroline Julian-Freitas  THE COUNTY CLERK COUNTY OF KAUA'I			
Ulupone	FPERSON OR ORGANIZATION Initiative	YOU LOBBY FOR (Do not abbreviate)	OSSITT ST TROAT		
	S MAILING ADDRESS nop Street, Suite 1202, Hono	Street City State Iulu, HI, 96813	Zip Code		
BUSINES 808-544	S TELEPHONE NO. -8960	3-31150			
ART I: T	OTAL EXPENDITURES				
st all expend	section is not applicable.		ng the reporting period. Attach additional sheet(s) if necessary.  he following persons:	Amount	
ate	Name of Recipient	Mailing Address (Street, City, State, Zip)	Description of Expenditure	or Value	
	TURES OF \$150 OR MORE P		ing the reporting period. Attach additional sheet(s) if necessary.		
	s section is not applicable. enditures incurred in the total su	im of \$150 or more per day were made for	the following persons:		
ate	Name of Recipient	Mailing Address (Street, City State Zip)	Description of Expenditure	Amount or Value	
		A SHOULDON TO A STATE OF STATE	TO THE TENT OF STREET,		
-	<del>                                     </del>	-			

PART I	I: CONTRIBUTIONS				
List all co 1987, as a	mended. Attach additional sheet(s) if necessary.  his section is not applicable.	the total sum of \$25 or more per person during the statement period put person were received from the following persons:	arsuant to Sec. 3-6.5(c)(3), Kaua'i County Code		
Date	Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value		
PART I	II: SUBJECT AREAS OF LOBBYING				
	e and/or administrative action supported or opposed duri nt, or contract management that was supported or opposed.	ng the statement reporting period. Shall include title of bills, resolu	tions, and/or description of actions, permit,		
n/a					
PART I	V: AUTHORIZED PERSON	ALL STATES OF THE STATES OF TH			
Caro	line Julian-Freitas	cycling	_		
Name of	Authorized Person (First, Middle, Last)	Signature of Authorized	Signature of Authorized Person		
Dir. o	of Comms. & Community	1/2/24			
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.