

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

DATE OF	FILING	NAME OF LOBBYI	ST	***	RECEIVED	ė.
	F PERSON OR ORGANIZATIO	N YOU LOBBY FOR (I	Oo not abbreviate)			
	Vacations Worldwide				*** IAN 1.8 P.4 24	
	SS MAILING ADDRESS		ity State	Zip Code	- 55 THIN 110 1- 4-54	
	an Marco Court, Orland	o, FL 32819				
	SS TELEPHONE NO.				OFFICE OF	
(407) 460	-0680				THE CHINEY CLERK	
					GOUNT Y OF KAUAT	
PART I: T	OTAL EXPENDITURES					
X This	ditures incurred by lobbyist for the purp s section is not applicable. enditures incurred in the total s				additional sheet(s) if necessary.	Amount
Date	Name of Recipient	Mailing Address (Str	eet, City, State, Zip)	Description of Expendit	ure	or Value
						-
List all expen	TURES OF \$150 OR MORE Is ditures incurred by lobbyist for the purpose section is not applicable. enditures incurred in the total sections.	ose of lobbying of \$150 or mo	re per person per day durin		h additional sheet(s) if necessary.	Amount
Date	Name of Recipient	Mailing Address (Str	reet, City, State, Zip)	Description of Expendit	ure	or Value
	-					

PART I	I: CONTRIBUTIONS				
ist all con 1987, as a	IBUTIONS RECEIVED Intributions received by lobbyist for the purpose of lobbyist mended. Attach additional sheet(s) if necessary. This section is not applicable. The contributions in the total sum of \$25 or more part of the contributions in the total sum of \$25 or more part of the contributions in the total sum of \$25 or more part of the contributions in the total sum of \$25 or more part of the contributions in the total sum of \$25 or more part of the contributions in the total sum of \$25 or more part of the contributions in the total sum of \$25 or more part of the contributions in the total sum of \$25 or more part of the contributions in the contrib			to Sec. 3-6.5(c)(3), Kaua'i County Code	
Date	Name of Contributor	Mailing Address (Street, City, S	State, Zip)	Amount or Value	
***************************************			William Willia		
·······					
			WINTER A		
DA DIT T	II: SUBJECT AREAS OF LOBBYING				
ANII	II: SUBJECT AREAS OF LOBBITING	***************************************			
	e and/or administrative action supported or opposed nt, or contract management that was supported or oppos		nclude title of bills, resolutions, a	and/or description of actions, permit,	
			W.A.A.		
			NAMES OF THE PROPERTY OF THE P		
PART I	V: AUTHORIZED PERSON				
Evar	r K. Oue		GMECCI	ce	
	Authorized Person (First, Middle, Last)	Si	gnature of Authorized Perso	on	
Attor	ney, Gov't Relations		January 18. 2022		
l'itle		D	ate		

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.