

LOBBYIST CONTRIBUTIONS AND EXPENDITURES STATEMENT

The reporting period is from January 1st through December 31st of the previous year. RECEIVED This statement shall be filed on or before January 31st of each year. NOTE THAT THIS IS A PUBLIC DOCUMENT.

STATEMENT Y	EAR:2023				'24 JAN 12 A7	53
DATE OF FILIN 01/09/2024		AME OF LOBBYIST Cevan Gaug			APPINE DE	
NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (Do not abbreviate) THE COUNTY CLE COUNTY OF KAU.						ERK JAT
	LING ADDRESS reet, Suite 1202, Honolulı	Street City J, HI, 96813	State	Zip Code		
BUSINESS TEL 808-544-8960						
PART I: TOTAL	EXPENDITURES					
	S OF \$25 OR MORE PER F		person per day during th	e reporting period. Attach add	ditional sheet(s) if necessary.	
	n is not applicable. res incurred in the total sum (of \$25 or more per day	were made for the f	ollowing persons:		
Date Name o	f Recipient	Mailing Address (Street,	City, State, Zip)	Description of Expenditure		Amount or Value
			.,			
					- AM	
	S OF \$150 OR MORE PER		r person per day during t	he reporting period. Attach ac	dditional sheet(s) if necessary.	
	n is not applicable. res incurred in the total sum	of \$150 or more per da	y were made for the	following persons:		
Date Name o	of Recipient	Mailing Address (Street.	City, State, Zip)	Description of Expenditure		Amount or Value

PART II: CONTRIBUTIONS					
CONTRIBUTIONS RECEIVED List all contributions received by lobbyist for the purp 1987, as amended. Attach additional sheet(s) if necess This section is not applicable.		r more per person during the statement period p	oursuant to Sec. 3-6.5(c)(3), Kaua'i County Code		
Contributions in the total sum of \$25	or more per person were receiv	ed from the following persons:			
Date Name of Contributor	Mailing A	Mailing Address (Street, City, State, Zip)			
PART III: SUBJECT AREAS OF LOBB	YING				
Legislative and/or administrative action supported procurement, or contract management that was supported		ting period. Shall include title of bills, reso	lutions, and/or description of actions, permit		
n/a					
	, 2				
	-				
PART IV: AUTHORIZED PERSON					
Kevan Gregory Gaug		14	1		
Name of Authorized Person (First, Middle,	Last)	Signature of Authorize	Signature of Authorized Person		
Sr. Vice President		01/09/2024	01/09/2024		
Title	-	Date	Date		

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.