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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 PUBLICIPOEUMENT 1

STATEMENT YEAR: 2024

DATE OF FILING	NAME OF LO		41,81,11 <del>2</del> -31,1	COUNTY OF KAUAT		
12/19/2024	Gerard Gibso	PΠ		COUNTY OF KHONY		
NAME OF PERSON OR ORGA	NIZATION YOU LOBBY	FOR (Do not abbrevia	ite)			
Hawaii Hotel Alliance						
BUSINESS MAILING ADDRES	SS Street	City S	State Zip Code			
150 Kaiulani Ave. #1-104, H	onolulu, HI 96815	700	hours and a second a second and			
BUSINESS TELEPHONE NO.						
808-921-6790						
		10 M 40 40 40 40 40 40 40 40 40 40 40 40 40	Territoria .			
PART I: TOTAL EXPENDITU	RES			*		
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.						
<b>▽</b> m:	11					
This section is not applica Expenditures incurred in		wa mau day 1110na wad	for the following nevern	~•		
Expenditures incurred in	the total sum of \$25 or mo	re per day were mad	e for the following betson	5.	Amount	
Date Name of Recipient	Mailing Add	ress (Street, City, State, Z	p) Description of Ex	penditure	or Value	
		***				
		*****		<del>director di</del> liberario		
				4	-	
EXPENDITURES OF \$150 OR List all expenditures incurred by lobbyist			low during the reporting period	Attach additional shoot(s) if resegration		
List dit expenditures incurred by toobytsi	In the har hose of topolities of dr	oo or more per person per t	ay auring me reporting period	Attach duditional sheet(s) if necessary.		
This section is not applica						
Expenditures incurred in	the total sum of $$150$ or m	iore per day were ma	de for the following perso	ns:		
Date Name of Recipient	Na.:14 A 3 3	ress (Street, City, State, Z	ip) Description of Ex	Att.	Amount or Value	
Date Name of Recipient	Waning Add	ress (Street, City, State, 2	ip) Description of Ex	penditure	OI VAILE	
				900		
		*********		A.M		

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PART II: CONTRIBUTIONS		V = -00-411
1987, as amended. Attach additional sheet(s) if necessary.  This section is not applicable.	of lobbying in the total sum of \$25 or more per person during the statement per more per person were received from the following persons:	eriod pursuant to Sec. 3-6.5(c)(3), Kaua'i County Code
Date Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value
and the second s		
PART III: SUBJECT AREAS OF LOBBYIN	IG .	
Legislative and/or administrative action supported or o procurement, or contract management that was supported	pposed during the statement reporting period. Shall include title of bills or opposed.	resolutions, and/or description of actions, permit,
		(45)
	0	201000
	· · · · · · · · · · · · · · · · · · ·	
PART IV: AUTHORIZED PERSON		
Gerard C. Gibson		Q. /
Name of Authorized Person (First, Middle, Las	Signature of Auth	norized Person
President	12/19/2024	
Title	Date	VIIII SOURCE TO TO

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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.