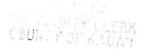
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LOBBYIST CONTRIBUTIONS AND EXPENDITURES STATEMENT

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.

STATEMENT YEAR: 2024

DATE OF 01/09/202		NAME OF LOI Maile S. Miller				
	PERSON OR ORGANIZATION Thwest Corp. and Falck USA, Inc.	YOU LOBBY F	OR (Do not abbre	viate)		
BUSINES	S MAILING ADDRESS	Street	City	State	Zip Code	
733 Bish	op Street, Suite 1900, Honolu	ılu, HI 96813				
	S TELEPHONE NO.					
(808) 537-	6100					
PART I: TO	OTAL EXPENDITURES					
	ΓURES OF \$25 OR MORE PE litures incurred by lobbyist for the purpo			day during t	he reporting period. Attach additional sheet(s) if necessa	ry.
	section is not applicable. Inditures incurred in the total su	m of \$25 or more	e per day were ma	ade for the	following persons:	Amount
Date	Name of Recipient	Mailing Addres	ss Street, City, State.	, Zip)	Description of Expenditure	or Value
List all expend  This	section is not applicable.	e of lobbying of \$150	or more per person pe		the reporting period. Attach additional sheet(s) if necessor	ary.
Expe	nditures incurred in the total su	m of \$150 or mor	re per day were m	ade for the	following persons:	Amount
Date :	Name of Recipient	Mailing Addres	s (Street, City, State,	Zip)	Description of Expenditure	or Value

	BUTIONS RECEIVED			
	ibutions received by lobbyist for the purpose of l nded. Attach additional sheet(s) if necessary.	obbying in the total sum of \$25 or more per person during the statement period p	ursuant to Sec. 3-6.5(c)(3), Kaua'i County Cod	
X Thi	s section is not applicable.	nore per person were received from the following persons:		
Date	Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value	
PART III:	SUBJECT AREAS OF LOBBYING			
N/A	or contract management that was supported or	opposed.		
IVA				
		999 does not include attorney's fees protected by the attorney-clien	nt privilege.	
(Hawaii R	ules of Professional Conduct, Rule 1.6)			
PART IV:	AUTHORIZED PERSON			
Maile S	S. Miller	prainni		
Name of A	uthorized Person (First, Middle, Last)	Signature of Authorize	Signature of Authorized Person	
Attorne	Э	01/09/2025	01/09/2025	
Title		Date		
		or signing your name on this Statement, you certify and affirm and the information contained in the form is true, correct, and co		

06/24/16