## 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: 2023

	F FILING ber 7, 2023	NAME OF LOBBYIST Evan K. Oue	eng ye	* - x - i
NAME C	The state of the s	TION YOU LOBBY FOR (Do not abbreviate)		
	SS MAILING ADDRESS	Street City State	Zip Code *23	DEC 18 P12:32
Landn	nark Center-Two; 225	E. Robinson Street, Suite 545, Orla	ando, FL 32801	1 Con and Com
BUSINE (407) 24	SS TELEPHONE NO. 5-7601			
ART I:	TOTAL EXPENDITURES		5 SUN	116 119
ist all expe	enditures incurred by lobbyist for the his section is not applicable.	E PER PERSON PER DAY  purpose of lobbying of \$25 or more per person per day during the purpose of \$25 or more per day were made for the person pe		
ate	Name of Recipient	Mailing Address (Street, City, State, Zip)	Description of Expenditure	Amount or Value
	1,413,012,101,101,101	The state of the s	2 Country of Language	
ist all expe	enditures incurred by lobbyist for the nis section is not applicable.	RE PER PERSON PER DAY e purpose of lobbying of \$150 or more per person per day dur otal sum of \$150 or more per day were made for		t(s) if necessary.  Amount
Date	Name of Recipient	Mailing Address (Street, City, State, Zip)	Description of Expenditure	or Value

PART II: CONTRIBUTIONS		
1987, as amended. Attach additional sheet(s) if necessary.  This section is not applicable.	lobbying in the total sum of \$25 or more per person during the statement period	d pursuant to Sec. 3-6.5(c)(3), Kaua'i County Code
Contributions in the total sum of \$25 or n	more per person were received from the following persons:	A.,
Date Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value
PART III: SUBJECT AREAS OF LOBBYING	C	
procurement, or contract management that was supported or		esolutions, and/or description of actions, permit,
Business, Economic Development; Tour	rism	
	DECEMBER 1	
PART IV: AUTHORIZED PERSON		
Evan K. Oue	GMC	Cle
Name of Authorized Person (First, Middle, Last	t) Signature of Author	ized Person
Attorney, Gov't. Relations	December 7	7, 2023
Title	Date	

 $\boxtimes$ 

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.