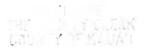
RECEVED

25 JAN 10 A9:40





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

	F FILING	NAME OF LOBBYIST Sara S. T. Strona			
01/09/20					
	OF PERSON OR ORGANIZATIO		ot abbreviate)		
1 2 1 2 2 2 2 2 2 2 2 2 2	orthwest Corp. and Falck USA, Inc				
	SS MAILING ADDRESS	Street City	State	Zip Code	
733 Bis	shop Street, Suite 1900, Hono	lulu, HI 96813			
BUSINE	SS TELEPHONE NO.				
(808) 53	7-6100				
PART I:	TOTAL EXPENDITURES				
	ITURES OF \$25 OR MORE P		nannan nan daw damin a	the reporting period. Attach additional sheet(s)	if a generatur
Lisi an expe	natures incurred by wobytst for the purp	ose of wooding of \$25 or more per	persure per day darring	the reporting period. Attach daditional sheet(s)	y necessary.
X Th	is section is not applicable.				
- management	penditures incurred in the total s	um of \$25 or more per day	were made for the	following persons:	
	•				Amount
Date	Name of Recipient	Mailing Address (Street, (City, State, Zip)	Description of Expenditure	or Value
		·			
EXPEND	ITURES OF \$150 OR MORE I	ER PERSON PER DAY			
List all exper	nditures incurred by lobbyist for the purp	ose of lobbying of \$150 or more per	person per day during	the reporting period. Attach additional sheet(s) if necessary.
X Thi					
- CANADO	s section is not applicable.	. 6.0150		0.11	
i Ex	penditures incurred in the total s	um of \$150 or more per day	were made for th	e lollowing persons:	Amount
Date	Name of Recipient	Mailing Address (Street, O	City, State, Zip)	Description of Expenditure	or Value
	1				

PART II: CONTRIBUTIONS				
1987, as amended. Attach additional sheet(s) if necess This section is not applicable.	ose of lobbying in the total sum of \$25 or more per person during the statement eary. 5 or more per person were received from the following persons:	period 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		
PART III: SUBJECT AREAS OF LOBBY	YING			
Legislative and/or administrative action supported procurement, or contract management that was supported	or opposed during the statement reporting period. Shall include title of bil- ted or opposed.	lls, resolutions, and/or description of actions, permit,		
ΝΆ				
Note: The term "Expenditures" in Ordinance	e No. 999 does not include attorney's fees protected by the attorn	ey-client privilege.		
(Hawaii Rules of Professional Conduct, Rul	e 1.6)			
PART IV: AUTHORIZED PERSON				
Sara S. T. Strona	Sus	de		
Name of Authorized Person (First, Middle,	Last) Signature of Aut	Signature of Authorized Person		
Attorney	01/09/2025	01/09/2025		
Title	Date			

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.