

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.

STATEME	NT YEAR:							
DATE OF 01/10/24	FILING	NAME OF LOBBYIST Tiffany Yajima						VED
	FPERSON OR ORGANIZATION & Holdings, LLC	YOU LOBBY F	OR (Do not al	obreviate)				
TANK NEW CONTRACTOR CONTRACTOR	S MAILING ADDRESS	Street	City	State	Zip Code	24	JAN 11	A8 '41
820 Milila								
2000 0 10 10	S TELEPHONE NO.						OFFICE	OF
808-543-1	512					THE	_OUNTY	CLERK
PART I: T	OTAL EXPENDITURES					- CUL	IN I Y OF	KAUA'I
	s section is not applicable. enditures incurred in the total sur Name of Recipient		re per day wer		llowing persons: Description of Expenditure		3	Amount or Value
List all expen This	TURES OF \$150 OR MORE PE ditures incurred by lobbyist for the purpos s section is not applicable. enditures incurred in the total su Name of Recipient	e of lobbying of \$15 m of \$150 or m	50 or more per per	ere made for the		litional sheet(s) if	necessary.	Amount or Value

PART II:	CONTRIBUTIONS				
List all cont 1987, as am X Th	BUTIONS RECEIVED tributions received by lobbyist for the purpose of lobbying in the ended. Attach additional sheet(s) if necessary. is section is not applicable. ntributions in the total sum of \$25 or more per per			to Sec. 3-6.5(c)(3), Kaua'i County Code	
Date Name of Contributor Mailing Address (Mailing Address (Street,	City, State, Zip)	Amount or Value	
PART II	I: SUBJECT AREAS OF LOBBYING				
	and/or administrative action supported or opposed during t t, or contract management that was supported or opposed.	the statement reporting period. Si	hall include title of bills, resolutions, o	and/or description of actions, permit	
PART IV	: AUTHORIZED PERSON				
Jenaly	n Matila on behalf of • •••• • •••	• • • • • • • • • • • • • • • • • • • •	matile		
Name of	Authorized Person (First, Middle, Last)	Signature of Authorized Person			
Lobby	rist	0/10/2024			
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.