

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

SIAIEMI	ENT TEAR:			
DATE OF 1/31/202		NAME OF LOBBYIST Kimberley W. Yoshimoto		WELLENNED
		ION YOU LOBBY FOR (Do not abbreviate)		
	Resort Development Associa			25 FEB -3 A10:45
	SS MAILING ADDRESS	Street City State	Zip Code	
		pinson Street, Suite 545, Orlando, FL 328	01	
BUSINES 407-245-	SS TELEPHONE NO. 7601			THE TOUNTY CLERK
PART I: 1	TOTAL EXPENDITURES			OGGITT OF WAUR I
	s section is not applicable. enditures incurred in the tota Name of Recipient	Mailing Address (Street, City, State, Zip)	he following persons: Description of Expenditure	Amount or Value
List all expen	s section is not applicable.	E PER PERSON PER DAY surpose of lobbying of \$150 or more per person per day dur al sum of \$150 or more per day were made for Mailing Address (Street, City, State, Zip)		nal sheet(s) if necessary. Amount or Value

PART II: CONTRIBUTIONS			
1987, as amended. Attach additional sheet(s) if necessary. X This section is not applicable.	eg in the total sum of \$25 or more per person during the statement period purs per person were received from the following persons:	suant 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 LOBBYING			
Legislative and/or administrative action supported or opposed di procurement, or contract management that was supported or opposed. Business, Economic Development, Tourism	uring the statement reporting period. Shall include title of bills, resolution	ons, and/or description of actions, permit,	
PART IV: AUTHORIZED PERSON			
Kimberley W. Yoshimoto	Kemberley W york	timberly Wysh	
Name of Authorized Person (First, Middle, Last)	Signature of Authorized P	Signature of Authorized Person	
Attorney Gov't Relations	1/31/2025	1/31/2025	
litle	Date	Date	
appears as the "Authorized Person" above and t	ning your name on this Statement, you certify and affirm that he information contained in the form is true, correct, and comp erstand that there are statutory penalties for failing to re	plete to the best of your knowledge	

Ordinance No. 999.