## **Darrellyne Caldeira**

From:

Lilly Ho ∢

Sent:

Tuesday, January 31, 2023 10:39 AM

To:

**COK Council** 

Cc:

Xyd De Mesa; Danny Cup Choy; Stephen Teves

Subject:

CANCEL KAUAI Lobbyist Registrations: Tami Bui (Turo) and Daniel Cup Choy.

CAUTION: This email originated from outside the County of Kauai. Do not click links or open attachments even if the sender is known to you unless it is something you were expecting.

Aloha Xyd,

Please cancel the lobbyist registrations for Tami Bui (Turo) and Daniel Cup Choy.

Let me know if you have any questions.

Mahalo,

Lilly

Lilly Ho, SHRM-CP

Vice President of Operations

Hawai'i Public Policy Advocates, LLC

1099 Alakea Street, Suite 2530 Honolulu, Hawai'i 96813

P: (808) 447-1840

E: LHO@hawaiipublicpolicy.com

6

JEN 31

MO:58



## LOBBYIST CONTRIBUTIONS AND EXPENDITURES STATEMENT

JAN 31 A10:58

The reporting period is from January 1" through December 31" of the previous year.

This statement shall be filed on or before January 31" of each year. NOTE THAT THIS IS A PUBLIC DOCUMENT.

					the same of the sa
24/20		NAME OF LOBBYIST Tarm But			\$JUNIT OF K
CAME Turo	OF PERSON OR ORGANIZATI	ON YOU LOBBY FOR (Do	not abbreviate)		
	ESS MARLING ADDRESS Mer Street, Suite 1300	Staret City San	State Francisco CA	Zip Code 94104	
	ESS TELEPHONE NO				A CONTRACTOR OF THE CONTRACTOR
RT I:	TOTAL EXPENDITURES				
Exp	section is not applicable. enditures incurred in the total	sum of \$25 or more per day	were made for the f	ollowing persons:	Automoustra
	Name of Karywai	Markey Address (Street,	Caty, State, Zap)	Description of Expenditure	or Value
per control of the co	Name of Resignant	Manhou Address (Buret)	Caty State, Zap)	Description of Expenditure	or Value
AND THE PROPERTY OF THE PROPER	Name of Recipions	Maulten Address (Street.	(Sety Shate Zap)	Description of Expenditure	or Value
Thu	TURES OF \$150 OR MORE F	PER PERSON PER DAY	person per day during th	r reporting period. Altisch additional she	rita) if necessary.
Thus	TURES OF \$150 OR MORE F	PER PERSON PER DAY	person per day during the were made for the (	r reporting period. Altisch additional she	
Thu	TURES OF \$150 OR MORE P divine incurred by higher for the purp section is not applicable enditures incurred in the total s	PER PERSON PER DAY see of inbhying of \$150 or more per tum of \$150 or more per day	person per day during the were made for the (	r reporting period. Attach additional she	T(a) if accessory.
Thu	TURES OF \$150 OR MORE P divine incurred by higher for the purp section is not applicable enditures incurred in the total s	PER PERSON PER DAY see of inbhying of \$150 or more per tum of \$150 or more per day	person per day during the were made for the (	r reporting period. Attach additional she	T(a) if accessory.  Amount

CONTRIBUTIONS RECEIVED				
and the control of the control of the party of the control of the	the tokes associal \$25 or occur per presion distring the existencent present person	email to here. 3 & Sirge II. Audust 1 Comme.		
BE . THE CONTRACTOR STREET, STREET, STREET, STREET, STREET, ST. STREET, ST.				
X This section is not applicable	the she follows a section of			
Contributions in the total sum of \$25 or more per p		Amount or Value		
	Marking Address Street, City, State Ltp.	Appendix of the		
		101 · 11		
Section of the section of the section (s. p. p. 1999), the section of the section				
		1. (A. (B. A. (B		
RT III: SUBJECT AREAS OF LOBBYING				
	the sigtement reporting period. Shall include title of bills, resolutions	· madeline dimensional of sections on		
the control of the co	tions, buildings up 6, and buildings of buildings of the comment of the comment of the comment of the comment	P discount on security for the second by		
CONTRACTOR OF THE CONTRACTOR O		20 (20 )		
B. B				
18 April 19 19 19 19 19 19 19 19 19 19 19 19 19				
BB2077-2 7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	A STATE OF THE PROPERTY OF THE		
all processing the state of the				
T IV: AUTHORIZED PERSON				
·- 8	1 0	1		
uis Bertuca	_ Mus 12	z = T		
of Ausborneed Person (First, Middle, Last)	Signature of Authorized Per	Signature of Authorized Person		
Head of Government Relations	0/25/2023			
	Date	The state of the s		
at the same and a same and a same and a				
CERTIFICATION By checking this box or signing you	or name on this Statement, you certify and affirm that y	rou are the person whose no		
	or name on this Statement, you certify and affirm that y mation contained in the form is true, correct, and comple that there are statutory penalties for failing to repor			