## **Xyd De Mesa**

From:

Allison M. Nakama < ANakama@wik.com>

Sent:

Thursday, January 05, 2023 2:33 PM

To:

Xyd De Mesa

Subject:

Cancellation of lobbyist registrations (L. Lum & K. Matsuyoshi)

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.

Hi Xyd,

I am writing to cancel Lori Lum and Kendall Matsuyoshi's lobbyist registration as of 12/31/22.

Can you confirm that they won't have to file a 2023 Lobbyist Contributions and Expenditures Statement?

Allison

Allison Nakama Watanabe Ing LLP 999 Bishop Street, Suite 1250 Honolulu, HI 96813 Phone: (808) 544-6728

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## 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: 2022

DATE OF	FILING	NAME OF LOB	BYIST			DE Area			
1/05/23		Lori Lum	Lori Lum			A CARLOY CT	RECEVER		
NAME OF	PERSON OR ORGANIZATION	YOU LOBBY FO	R (Do not abbre	viate)					
Avis Bud	lget Group		•	,		••			
BUSINES	S MAILING ADDRESS	Street	City	State	Zip Code	23 JAN -5 P1 ·	40		
BUSINESS MAILING ADDRESS Street City State Zip Code 25 JAN -5 P1 :48							48		
	S TELEPHONE NO.					e- y .			
(973) 496-									
						TOWN Y STATEMENT			
PART I: TO	OTAL EXPENDITURES				**************************************	The state of the s			
******				······································					
EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY									
List all expend	litures incurred by lobbyist for the purpo	se of lobbying of \$25 or	· more per person per	day during the	reporting period. Attach addition	onal sheet(s) if necessary.			
This	section is not applicable.	£ #OF		. J. C 13 C.	11				
Expe	enditures incurred in the total s	ım oı \$25 or more	per day were ma	ade for the fo	nowing persons:		Amount		
Date	Name of Recipient	Mailing Addres	s (Street, City, State	, Zip)	Description of Expenditure		or Value		
L									
<b>EXPENDI</b>	TURES OF \$150 OR MORE P	ER PERSON PE	R DAY						
List all expend	litures incurred by lobbyist for the purpo	se of lobbying of \$150	or more per person pe	er day during th	e reporting period. Attach addit	ional sheet(s) if necessary.			
X This									
	This section is not applicable.  Expenditures incurred in the total sum of \$150 or more per day were made for the following persons:								
E Bybe	shaltales inculted in the total s	in or \$150 or mor	e per day were n	nade for the	onowing persons.		Amount		
Date	Name of Recipient	Mailing Addres	s (Street, City, State	, Zip)	Description of Expenditure		or Value		
						10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
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L	<u> </u>				L				

PART	II: CONTRIBUTIONS				
List all co	RIBUTIONS RECEIVED Intributions received by lobbyist for the purpose of lobbying in to amended. Attach additional sheet(s) if necessary. This section is not applicable. Contributions in the total sum of \$25 or more per p	the total sum of \$25 or more per person during the statement period pursuan erson were received from the following persons:	t to Sec. 3-6.5(c)(3), Kaua'i County Code		
Date	Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value		
2022	Avis Budget Group	6 Sylvan Way; Parsippany, NJ 07054	\$1,256.54		
Legislativ procurem	III: SUBJECT AREAS OF LOBBYING  e and/or administrative action supported or opposed during ent, or contract management that was supported or opposed.  28 - Oppose	the statement reporting period. Shall include title of bills, resolutions,	and/or description of actions, permit,		
<u> </u>					
PART I	V: AUTHORIZED PERSON				
Allis	on Nakama	allison Rokan	allison Rokan		
Name of	f Authorized Person (First, Middle, Last)		Signature of Authorized Person		
Acco	ount Services Coordinator	1/05/23	1/05/23		
Title		Date	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.