LOBBYIST CONTRIBUTIONS AND EXPENDITURES STATEMENT

RECEIVED

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.

STATEM	ENT YEAR: 2021					'21 JUN	29 P1 :22
DATE O	F FILING	NAME OF LO Matthew Mid	TUE CAN	OF OF			
NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Airbnb, Inc.							OF KAUA'I
BUSINE	SS MAILING ADDRESS	Street	City	State	Zip Code		
	0 Kerner Blvd., Suite 250, Sa	in Rafael, CA 9	4901				
BUSINE 415-389	SS TELEPHONE NO. -6800						
PART I:	TOTAL EXPENDITURES			P40/40000000000000000000000000000000000			
X Th	nditures incurred by lobbyist for the purp is section is not applicable. penditures incurred in the total Name of Recipient	sum of \$25 or mo		e made for the	7	vai sheet(s) if necessary.	Amount or Value
Date	Name of Recipient	Walling Auc	ness (Brieer, City, i	state, zip)	Description of Expenditure		Of value
				Mark Published Address of the Control of the Contro		And the second s	
							-
List all expe	OITURES OF \$150 OR MORE inditures incurred by lobbyist for the purple section is not applicable. penditures incurred in the total	pose of lobbying of \$1	50 or more per pers			onal sheet(s) if necessary.	Amount
Date	Name of Recipient	Mailing Ado	lress (Street, City,	State, Zip)	Description of Expenditure		or Value

PART II: CONTRIBUTIONS		
CONTRIBUTIONS RECEIVED List all contributions received by lobbyist for the pur, 1987, as amended. Attach additional sheet(s) if neces	pose of lobbying in the total sum of \$25 or more per person during the statement periods ssary.	d pursuant to Sec. 3-6.5(c)(3), Kaua'i County Code
This section is not applicable. Contributions in the total sum of \$2	25 or more per person were received from the following persons:	
Date Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value
PART III: SUBJECT AREAS OF LOBE	NAME OF THE PARTY	· 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
procurement, or contract management that was supp	d or opposed during the statement reporting period. Shall include title of bills, re orted or opposed.	esolutions, and/or description of actions, permit,
None		
		,
,		v magamatani van arakin kanan ka
VALUE OF THE TOTAL		
PART IV: AUTHORIZED PERSON		The state of the s
	1 Par	mille
Matthew Middlebrook		
Name of Authorized Person (First, Middle		rized Person
Regional Policy Lead - US V	Nest	6/25/21
Title	Date	/ /
CERTIFICATION: By checking the	is how or signing your name on this Statement you certify and affin	rm that you are the nerson whose name

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.