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: 2020

Airbnb, Inc. BUSINESS MAILING ADDRESS Street City State Zip Code c/o 2350 Kerner Blvd Suite 250 San Rafael CA 94901	CEIVED W 26 P1 20 FIGE OF WHITY CLERK Y OF KAUA'I
NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Airbnb, Inc. BUSINESS MAILING ADDRESS Street City State Zip Code c/o 2350 Kerner Blvd., Suite 250, San Rafael, CA 94901 BUSINESS TELEPHONE NO. 415-389-6800 PART I: TOTAL EXPENDITURES EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY List all expenditures incurred by lobbyist for the purpose of lobbying of \$25 or more per person per day during the reporting period. Attach additional sheet(s) if necessary. This section is not applicable. Expenditures incurred in the total sum of \$25 or more per day were made for the following persons: Amount	FICE OF
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Amount	
Date Name of Recipient Mailing Address (Street, City, State, Zip) Description of Expenditure or Value	
EXPENDITURES OF \$150 OR MORE PER PERSON PER DAY	
List all expenditures incurred by lobbyist for the purpose of lobbying of \$150 or more per person per day during the reporting period. Attach additional sheet(s) if necessary.	
X This section is not applicable.	
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Date Name of Recipient Mailing Address (Street, City, State, Zip) Description of Expenditure or Value	
Pate Prame of Recipient Praming Address (Otteet, Only, Ottate, 219)	

PART II:	CONTRIBUTIONS			
List all contr 1987, as ame	ended. Attach additional sheet(s) if necessary. is section is not applicable.	g in the total sum of \$25 or more per person during the statement period pursuant to Sec. er person were received from the following persons:	3-6.5(c)(3), Kaua'i County Code	
Date	Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value	
12/31/2020	Airbnb, Inc.	c/o 2350 Kerner Blvd., Suite 250, San Rafael, CA 94901	\$1958.40	
			1	
procurement	, or contract management that was supported or oppose	during the statement reporting period. Shall include title of bills, resolutions, and/or d. county's short term rentals memorandum of understanding.	description of actions, permit,	
PART IV	: AUTHORIZED PERSON			
Adam Thongsavat		Adam Thon	Schan Thongsarat	
Name of Authorized Person (First, Middle, Last)		Signature of Authorized Person	Signature of Authorized Person	
Progra	am Director	01/25/2021	01/25/2021	
Title		Date	Date	
☑ CE	RTIFICATION: By checking this box or sig	ming your name on this Statement, you certify and affirm that you ar	e the person 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.