LOBBYIST CONTRIBUTIONS AND EXPENDITURES STATEMENT

The reporting period is from January 1st through December 31st of the previous year. RECEIVED This statement shall be filed on or before January 31st of each year. NOTE THAT THIS IS A PUBLIC DOCUMENT.

STATEMENT YEAR: 2016

| STATEME  | ENT YEAR: 2010   |   | 20 40 1141 540  | 7 .07              |  |  |
|--|--|---|---|--------------------|--|--|
| DAME OF  | VEIL INO   | NAME OF LODDYICE  | 17 JAN 24 A   | 1-01               |  |  |
| 1-23-17  | DATE OF FILING NAME OF LOBBYIST 1-23-17 Clyde T. Hayashi |   |   |                    |  |  |
|  | E DEDGON OD ODGANIZATION                                 |   | OFFICE OF   |                    |  |  |
|  |  | YOU LOBBY FOR (Do not abbreviate)                       | THE COUNTY CL   | ERK                |  |  |
| Trawaii Laborers-Employers Gooperation and Education Trust (LEGET) |  |   |   |                    |  |  |
|  |  | 3   | Zip Code  |                    |  |  |
|  | llei Road, Suite 285, Hone                               | Jiuiu, Fii 90017  | · · · · · · · · · · · · · · · · · · ·                           |                    |  |  |
| (808) 845  | SS TELEPHONE NO.   |   |   |                    |  |  |
| (000) 043  | -3230  |   | · · · · · · · · · · · · · · · · · · ·                           |                    |  |  |
| PART I. T  | OTAL EXPENDITURES  |   |   |                    |  |  |
| 171111 1. 1  |  |   |   |                    |  |  |
| EXPENDI  | TURES OF \$25 OR MORE PEI                                | R PERSON PER DAY  |   |                    |  |  |
|  |  |   | the reporting period. Attach additional sheet(s) if necessary.  |                    |  |  |
| 127  |  |   |   |                    |  |  |
|  | s section is not applicable.                             | (407  | 0.11  |                    |  |  |
| Exp  | enditures incurred in the total su                       | n of \$25 or more per day were made for th              | e following persons:  | Amount             |  |  |
| Date   | Name of Recipient  | Mailing Address (Street, City, State, Zip)              | Description of Expenditure                                      | or Value           |  |  |
|  |  |   |   |                    |  |  |
| · · · · · · · · · · · · · · · · · · ·                              |  |   |   |                    |  |  |
|  |  |   |   | -                  |  |  |
|  |  | ·   |   |                    |  |  |
|  |  |   | 1   |                    |  |  |
|  |  |   |   |                    |  |  |
| EXPENDI  | TURES OF \$150 OR MORE PE                                | R PERSON PER DAY  |   |                    |  |  |
| List all expen   | ditures incurred by tobbyist for the purpos              | e of loobying of \$150 or more per person per day durin | g the reporting period. Attach additional sheet(s) if necessary |                    |  |  |
| X This   | s section is not applicable.                             |   |   |                    |  |  |
|  |  | n of \$150 or more per day were made for t              | ne following persons:   |                    |  |  |
| D 4  | N. CD.   | Mailing Address (Glovet City Chats Tim)                 | Description of Bound library                                    | Amount<br>or Value |  |  |
| Date   | Name of Recipient  | Mailing Address (Street, City, State, Zip)              | Description of Expenditure                                      | or value           |  |  |
|  |  |   |   |                    |  |  |
|  |  |   |   |                    |  |  |
|  |  |   |   |                    |  |  |
|  |  |   |   |                    |  |  |
| 1  | T .  | 1   | I .   |                    |  |  |

| PART I                     | I: CONTRIBUTIONS   |                                   |   |  |  |
|----------------------------|--|-----------------------------------|---|--|--|
| List all con<br>1987, as a | IBUTIONS RECEIVED  Intributions received by lobbyist for the purpose of lobbying in mended. Attach additional sheet(s) if necessary.  his section is not applicable.  contributions in the total sum of \$25 or more per |                                   |   | rsuant to Sec. 3-6.5(c)(3), Kaua'i County Code |  |
| Date                       | Name of Contributor  | Mailing Address (Str              | reet, City, State, Zip)                 | Amount or Value                                |  |
|                            |  |                                   |   |  |  |
|                            |  |                                   |   |  |  |
|                            |  |                                   |   |  |  |
|                            |  |                                   |   |  |  |
|                            |  |                                   |   |  |  |
| PART I                     | II: SUBJECT AREAS OF LOBBYING  |                                   |   |  |  |
|                            | and/or administrative action supported or opposed during the contract management that was supported or opposed.  | ng the statement reporting period | l. Shall include title of bills, resolu | tions, and/or description of actions, permit,  |  |
| Bill 2610                  | - A Bill for an Ordinance to Establish a General E   | xcise and Use Tax Surcharge       | e for the County of Kauai - subm        | nitted testimony                               |  |
|                            |  |                                   |   |  |  |
| 4                          |  |                                   |   |  |  |
|                            |  |                                   | -                                       |  |  |
| -                          |  |                                   |   |  |  |
|                            |  |                                   |   |  |  |
| PART I                     | V: AUTHORIZED PERSON   |                                   |   |  |  |
| Clyde                      | e T. Hayashi   |                                   | Chif                                    |  |  |
| Name of                    | Authorized Person (First, Middle, Last)  |                                   | Signature of Authorized Person          |  |  |
| Direc                      | ctor   |                                   | 1-23-17                                 |  |  |
| Title                      |  |                                   | Date                                    |  |  |
| X c                        | ERTIFICATION: By checking this box or signin   | ng your name on this State        | ment, you certify and affirm t          | hat you are 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.