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.

STATEME	ENT YEAR:						
DATE OF	FILING	NAME OF LOBBYIST					
NAME OF	F PERSON OR ORGANIZATION	YOU LOBBY FOR (Do no	t abbreviate)				
BUSINES	S MAILING ADDRESS	Street City	State	Zip Code			
BUSINES	S TELEPHONE NO.						
PART I: T	OTAL 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:							
Date	Name of Recipient	Mailing Address (Street, C	ity, State, Zip)	Description of Expenditure	Amount or Value		
List all expend	TURES OF \$150 OR MORE Paditures incurred by lobbyist for the purpose section is not applicable.	se of lobbying of \$150 or more per		he reporting period. Attach additional sheet(s) if necessary. following persons:	Amount		
Date	Name of Recipient	Mailing Address (Street, C	lity, State, Zip)	Description of Expenditure	or Value		

PART I	II: CONTRIBUTIONS					
List all co 1987, as a	RIBUTIONS RECEIVED Intributions received by lobbyist for the purpose of lobbyimended. Attach additional sheet(s) if necessary. This section is not applicable. Contributions in the total sum of \$25 or more			ursuant to Sec. 3-6.5(c)(3), Kaua'i County Code		
Date	Name of Contributor	Mailing Address (Stree	t, City, State, Zip)	Amount or Value		
PART I	III: SUBJECT AREAS OF LOBBYING					
_	e and/or administrative action supported or oppose ent, or contract management that was supported or opp		Shan manue une of omo, resona	nions, unit or description of denotes, permu,		
PART I	V: AUTHORIZED PERSON					
Name of	f Authorized Person (First, Middle, Last)		Signature of Authorized	Signature of Authorized Person		
Title			Date	Date		
а	CERTIFICATION: By checking this box or appears as the "Authorized Person" above and belief. You further certify that you	nd the information contained in the	form is true, correct, and co	mplete to the best of your knowledge		

Ordinance No. 999.