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.

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DATE OF 01/06/		NAME OF LO				RECEI	VED)
THE VERNOR OF THE APPLY	F PERSON OR ORGANIZATIO ELECTRICIAN'S MARKET ENH		AND THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO A P	breviate)			4
BUSINES	SS MAILING ADDRESS	Street	City	State	Zip Code	°22 JAN -6	P 3:03
4334 Ric	ce Street, Suite 202, Lihue, I	Kauai, Hawaii 9	6766			ZZ ONIV O	1 3 .03
	SS TELEPHONE NO.						
(808) 245	-2163					OFFIRE	BF .
	***************************************					THE CHIEF Y	CLERK
PART I: T	OTAL EXPENDITURES					GOUNTY Dr	NAUA
	s section is not applicable. enditures incurred in the total Name of Recipient		ore per day were		following persons: Description of Expenditure		Amount or Value
List all expen	TURES OF \$150 OR MORE ditures incurred by lobbyist for the pures section is not applicable. enditures incurred in the total	pose of lobbying of \$1	50 or more per perso			lditional sheet(s) if nec	cessary.
Date	Name of Recipient	Mailing Add	lress (Street, City, S	tate, Zip)	Description of Expenditure		or Value
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PART II: CONTI	RIBUTIONS			
1987, as amended. Att This section	received by lobbyist for the purpose of lobbying tach additional sheet(s) if necessary. In is not applicable.	g in the total sum of \$25 or more per person during th er person were received from the following		Sec. 3-6.5(c)(3), Kaua'i County Code
Date Name of	f Contributor	Mailing Address (Street, City, State,	, Zip)	Amount or Value
			,	
		1		
DADT III. CIID II	ECT AREAS OF LOBBYING			
procurement, or contra	ministrative action supported or opposed d ct management that was supported or opposed CODE AMENDMENTS	luring the statement reporting period. Shall includ d.	le title of bills, resolutions, and	l/or description of actions, permit,
Note: The term "I	Expenditures" in Ordinance No. 999 o	does not include attorney's fees protected by	y the attorney-client privile	ge.
(Hawaii Ru	ules of Professional Conduct, Rule 1.	6)		
PART IV: AUTH	ORIZED PERSON			
lan K. Jung			14/	
Name of Authorize	ed Person (First, Middle, Last)	Signat	ture of Authorized Person	
Attorney			1/6/2022	
Title	The state of the s	Date	1 11 11	

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.