



RECEIVED

LOBBYIST REGISTRATION STATEMENT

You must file this statement with the Office of the County Clerk if you are an individual who for pay or other consideration engages in lobbying on behalf of another person, or organization, for more than five (5) hours in any month or spends more than \$750 lobbying during any reporting period (January 1st through December 31st of the previous year). NOTE THAT THIS IS A PUBLIC DOCUMENT.

191 FEB 20 3 41 32
OFFICE OF
THE COUNTY CLERK
COUNTY OF KAUAI

(Type or Print Clearly)

NAME				
Last	First	Middle		
BUKOSKI, KIKA G.				
BUSINESS MAILING ADDRESS				
Street	City	State	Zip Code	
1109 BETHEL ST., HONOLULU, HAWAII 96813				
TELEPHONE NO.		E-MAIL		
808-536-5454		kika@hilocal675.com		
NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (do not abbreviate)				
PLUMBER AND FITTERS UA LOCAL 675				
BUSINESS MAILING ADDRESS				
Street	City	State	Zip Code	
1109 BETHEL ST., HONOLULU, HAWAII 96813				
BUSINESS TELEPHONE NO.				
808-536-5454				

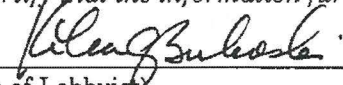
SUBJECT AREAS OF LOBBYING

(Bill / Resolution Number(s), Agenda Item(s), and/or Topic(s))

CONSTRUCTION, BUILDING CODES, LAND USE, PERMITTING

CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.




(Signature of Lobbyist)

2/19/19

(Date)

AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OF PERSON REPRESENTED		
VALENTINO CERIA		BUSINESS MANAGER, FINANCIAL SECRETARY TREASURER		
NAME OF ORGANIZATION (if applicable)		TELEPHONE NO.		
PLUMBERS AND FITTERS UA LOCAL 675		808-536-5454		
ADDRESS OF ORGANIZATION OR PERSON				
Street	City	State	Zip Code	
1109 BETHEL ST., HONOLULU, HAWAII 96813				
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.				
 _____ (Signature of Authorizing Officer)		2/19/19 _____ (Date)		