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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.

(Type or Print Clearly)

NAME	Last COX	First John	Middle		
BUSINESS MAILING ADDRESS	Street	City	State	Zip Code	
4463 Pahee Street, Suite 1, Lihue, HI 96766					
TELEPHONE NO.	E-MAIL				
808-246-8205	jcox@kiuc.coop				
NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (do not abbreviate)					
Kauai Island Utility Cooperative					
BUSINESS MAILING ADDRESS	Street	City	State	Zip Code	
4463 Pahee Street, Suite 1, Lihue, HI 96766					
BUSINESS TELEPHONE NO.					
808-246-8205					

SUBJECT AREAS OF LOBBYING

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

Energy-related bills

CERTIFICATION OF LOBBYIST

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

1/7/2020

(Signature of Lobbyist)

(Date)

AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OF PERSON REPRESENTED				
David J. Bissell	CEO				
NAME OF ORGANIZATION (if applicable)	TELEPHONE NO.				
Kauai Island Utility Cooperative	808-246-8213				
ADDRESS OF ORGANIZATION OR PERSON	Street	City	State	Zip Code	
4463 Pahee Street, Suite 1, Lihue, HI 96766					
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>					
			1-7-2020		
(Signature of Authorizing Officer)			(Date)		