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.

STATEMENT YEAR: 2024

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DATE OF 12//11/20	F FILING 024	NAME OF LO	BBYIST						
	F PERSON OR ORGANIZATION OF PERSON OR ORGANIZATION OF PERSON OR ORGANIZATION OF PERSON	N YOU LOBBY F	OR (Do not abbreviate)			25	MAR 21	P12:23	
	SS MAILING ADDRESS	Street	City Star	te	Zip Code				
4463 Pa	ahee Street, Suite 1, Lihue, F	i 96766				. + 4	W.T.	mu	
BUSINESS TELEPHONE NO.								KAUAI	
808-246-4300								11126131	
PART I.	TOTAL EXPENDITURES								
List all exper	OITURES OF \$25 OR MORE F nditures incurred by lobbyist for the pur- is section is not applicable. penditures incurred in the total Name of Recipient	sum of \$25 or mor	or more per person per day d	or the follo			eet(s) if nece	essary.	Amount or Value
Duto	Traine of Hoospiello		000 (00000) 010)) 00000, 010)						
-									
List all expe	OITURES OF \$150 OR MORE inditures incurred by lobbyist for the puries section is not applicable. penditures incurred in the total	pose of lobbying of \$15	0 or more per person per day			additional s	heet(s) if neo	cessary.	Amount
Date	Name of Recipient	Mailing Addr	ess (Street, City, State, Zip)	De	escription of Expenditu	ıre			or Value
									-
						-			

PART II: CONTRIBUTIONS					
CONTRIBUTIONS RECEIVED List all contributions received by lobbyist for the purpose of lobby 1987, as amended. Attach additional sheet(s) if necessary. This section is not applicable. Contributions in the total sum of \$25 or more			pursuant to Sec. 3-6.5(c)(3), Kaua'i County Code		
Date Name of Contributor	Mailing Address	Amount or Value			

PART III: SUBJECT AREAS OF LOBBYING					
Legislative and/or administrative action supported or opposed procurement, or contract management that was supported or oppo	l during the statement reporting per osed.	iod. Shall include title of bills, res	olutions, and/or description of actions, permit		
Electric utility operations					
PART IV: AUTHORIZED PERSON					
John P. Cox		John P. Cox	Optionly regard by Janua P. Cap Con will 3 United Blacks Hull States States or Honol blanks 14th Concentrate our Transmission for Districtors relocatifying conce. Plances can be about the States or States o		
Name of Authorized Person (First, Middle, Last)	Signature of Authoriz	Signature of Authorized Person			
Transmission & Distribution Mana	12/11/2024	12/11/2024			
Title	Date	Date			

X

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.