

LOBBYIST CONTRIBUTIONS AND EXPENDITURES STATEMENT
The reporting period is from January 1st through December 31st of the previous year.

NOTE THAT THE PROPERTY AND THE PROPERTY

	This statement shall be file	ed on or before January 31st of each yea	ar. NOTE THAT THIS IS A	A PUBLIC DO	OCUMEN'	ľ.		
STATEME	NT YEAR: 2016			17	JAN 24	A7:07		
DATE OF	FILING	NAME OF LOBBYIST	- A.					
1-23-17		Joy Y.N. Kimura			OFFICE	OF		
	NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (Do not abbreviate) THE COUNTY CLEA					CLERK		
	Hawaii Laborers-Employers Cooperation and Education Trust (LECET)				UNTY OF	KAUAT		
	S MAILING ADDRESS	Street City Sta	ate Zip Code					
650 Iwilei Road, Suite 285, Honolulu, HI 96817								
2000 0000000000000000000000000000000000	BUSINESS TELEPHONE NO.							
(808) 845-3	3238					1 1 1 2 1 2 1 1		
DADET MC	AMAL EXPENDENTIAL							
PART I: TO	PART I: TOTAL EXPENDITURES							
X This Expe	section is not applicable.	se of lobbying of \$25 or more per person per day of the same of \$25 or more per day were made for the same of the			et(s) if necess	Amount or Value		

List all expend	section is not applicable.	ER PERSON PER DAY se of lobbying of \$150 or more per person per day um of \$150 or more per day were made		ach additional sh	eet(s) if neces	Ssary.		
Date	Name of Recipient	Mailing Address (Street, City, State, Zip)	Description of Expend	liture		or Value		
		(3.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		7				
1								

PART II:	CONTRIBUTIONS	,	
List all conti 1987, as ame	ended. Attach additional sheet(s) if necessary. is section is not applicable.	in the total sum of \$25 or more per person during the statement period pursu	uant to Sec. 3-6.5(c)(3), Kaua'i County Code
		er person were received from the following persons:	
Date	Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value
		*	
	J		
D. D. TIT	: SUBJECT AREAS OF LOBBYING		
procurement	, or contract management that was supported or opposed	uring the statement reporting period. Shall include title of bills, resolution. Excise and Use Tax Surcharge for the County of Kauai - submitted.	
			2
PART IV	: AUTHORIZED PERSON		
Name of A	.N. Kimura Authorized Person (First, Middle, Last) am Specialist	Signature of Authorized P 1-23-17 Date	Person
X CE	RTIFICATION: By checking this box or sign	ning your name on this Statement, you certify and affirm tha	at you are the person whose name

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.