

**Darrellyne Caldeira**

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**From:** Kika Bukoski  
**Sent:** Friday, January 13, 2023 1:22 PM  
**To:** COK Council  
**Subject:** Lobbyist- Change Of Status  
**Attachments:** Kauai County 2022 Contr.Exp.Statement.01.13.23.pdf

CAUTION: This email originated from outside the County of Kauai. Do not click links or open attachments even if the sender is known to you unless it is something you were expecting.

Aloha;

Please see the attached Contributions and Expenditures Statement for Statement Year 2022.

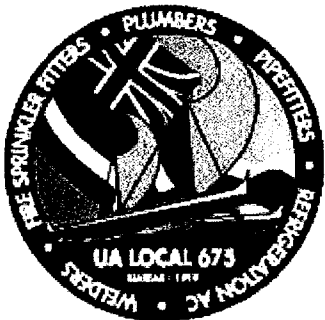
In addition and pursuant to your instructions, please note my following change of status for the purposes of Lobbying in the County of Kauai. Effective end of business day on Friday, January 13, 2023, I will no longer be providing lobbying services for the Plumbers and Fitters UA Local 675. Please confirm receipt of the Notice of Change of Status via reply to this email and advise me on any additional information you might require. Mahalo!

*Kika G. Bukoski*

Director of Government and Community Relations

'A'ohe hana nui ke alu'ia ~ No task is too big if done together by all

Plumbers and Fitters Local 675  
1109 Bethel Street Lower Level  
Honolulu, Hawaii 96813  
Phone 808-536-5454 ext. 233  
Mobile 808-250-5452  
Fax 808-528-2629



RECEIVED  
23 JAN 13 P2:38  
OFFICE OF THE CLERK  
COUNTY OF KAUAI

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# LOBBYIST CONTRIBUTIONS AND EXPENDITURES STATEMENT

The reporting period is from January 1<sup>st</sup> through December 31<sup>st</sup> of the previous year.

This statement shall be filed on or before January 31<sup>st</sup> of each year. NOTE THAT THIS IS A PUBLIC DOCUMENT.

STATEMENT YEAR: 2022

23 JAN 13 P2:35

DATE OF FILING 1/13/23	NAME OF LOBBYIST Kika G. Bukoski			
NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Plumbers and Fitters UA Local 675				
BUSINESS MAILING ADDRESS	Street	City	State	Zip Code
1109 Bethel St. Lower Level, Honolulu, Hawaii 96813				
BUSINESS TELEPHONE NO. 808-536-5454				

RECEIVED  
THE COUNTY CLERK  
COUNTY OF KAUAI

## PART I: TOTAL EXPENDITURES

### EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List all expenditures incurred by lobbyist for the purpose of lobbying of \$25 or more per person per day during the reporting period. Attach additional sheet(s) if necessary.

- This section is not applicable.  
 Expenditures incurred in the total sum of \$25 or more per day were made for the following persons:

Date	Name of Recipient	Mailing Address (Street, City, State, Zip)	Description of Expenditure	Amount or Value

### EXPENDITURES OF \$150 OR MORE PER PERSON PER DAY

List all expenditures incurred by lobbyist for the purpose of lobbying of \$150 or more per person per day during the reporting period. Attach additional sheet(s) if necessary.

- This section is not applicable.  
 Expenditures incurred in the total sum of \$150 or more per day were made for the following persons:

Date	Name of Recipient	Mailing Address (Street, City, State, Zip)	Description of Expenditure	Amount or Value

**PART II: CONTRIBUTIONS**

**CONTRIBUTIONS RECEIVED**

List all contributions received by lobbyist for the purpose of lobbying in the total sum of \$25 or more per person during the statement period pursuant to Sec. 3-6.5(c)(3), Kaua'i County Code 1987, as amended. Attach additional sheet(s) if necessary.

- This section is not applicable.
- Contributions in the total sum of \$25 or more per person were received from the following persons:

Date	Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value

**PART III: SUBJECT AREAS OF LOBBYING**

Legislative and/or administrative action supported or opposed during the statement reporting period. Shall include title of bills, resolutions, and/or description of actions, permit, procurement, or contract management that was supported or opposed.

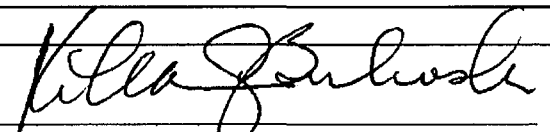

**PART IV: AUTHORIZED PERSON**

**Kika G. Bukoski**

Name of Authorized Person (First, Middle, Last)

**Director, Government Affairs**

Title



Signature of Authorized Person

**1/13/223**

**1/13/2023 KB**

Date

**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.