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: 2020

DATE OF FILING 01/04/2021	NAME OF LOBBYIS John Cox	T		RECEIVED
NAME OF PERSON OR ORGANIZATION Kauai Island Utility Cooperative				*21 JAN 13 P12 :4
BUSINESS MAILING ADDRESS 4463 Pahee Street, Suite 1, Lih	Street Cit ue, HI 96766	cy State	Zip Code	
BUSINESS TELEPHONE NO. 808-246-8205			1.1.000	OFFICE OF THE COUNTY CLERK
				COUNTY OF KAUA'
PART I: TOTAL EXPENDITURES				
EXPENDITURES OF \$25 OR MORE PELList all expenditures incurred by lobbyist for the purpose. This section is not applicable. Expenditures incurred in the total sur	e of lobbying of \$25 or more	per person per day during		
Date Name of Recipient	Mailing Address (Stre	et, City, State, Zip)	Description of Expenditure	Amount or Value
EXPENDITURES OF \$150 OR MORE PI List all expenditures incurred by lobbyist for the purpos This section is not applicable. Expenditures incurred in the total su	e of lobbying of \$150 or mor	e per person per day durin	7 92 (178)	l sheet(s) if necessary. Amount
Date Name of Recipient	Mailing Address (Stre	et, City, State, Zip)	Description of Expenditure	or Value

PART I	I: CONTRIBUTIONS			
List all cor 1987, as ar	IBUTIONS RECEIVED tributions received by lobbyist for the purpose of lobbying in nended. Attach additional sheet(s) if necessary.	, the total sum of \$25 or more per person during the statement period pur	rsuant to Sec. 3-6.5(c)(3), Kaua'i County Code	
	his section is not applicable. ontributions 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	
	<u>.</u>			
PART I	II: SUBJECT AREAS OF LOBBYING			
	e and/or administrative action supported or opposed duri- nt, or contract management that was supported or opposed.	ng the statement reporting period. Shall include title of bills, resolut	tions, and/or description of actions, permit,	
	/-related bills			
	related to energy generation, transmission	n and distribution on the island of Kauai		
PART I	V: AUTHORIZED PERSON			
John	Cox	Ser	4	
Name of	Authorized Person (First, Middle, Last)	Signature of Authorized	Person	
T&D Manager		1-4-21	1-4-21	
Title		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.