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: 2019

| | | | | | The state of the s | | | | | |
|--|--|---------------------|---------------------|--|--|-----------------|--|--|--|--|
| DATE OF FILING NAME OF LOBBYIST | | | | | 20 75:21 | | | | | |
| | 1/28/2019 Ryan Kobayashi *20 JAN 28 A9 :31 | | | | | | | | | |
| NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (Do not abbreviate) | | | | | | | | | | |
| | aborers' Union; Local 368 | ~. | <u> </u> | ~ | 7in Codo | | | | | |
| | S MAILING ADDRESS | Street | City | State | Zip Code | | | | | |
| | 1017 Falama Street, Honoldid, Hawaii 90017 | | | | | | | | | |
| BUSINESS TELEPHONE NO. 808-841-5877 x 242 | | | | | | | | | | |
| 808-841-3 | 8// X 242 | | | | | | | | | |
| DADE I. E | OMAL EVDENIDIDEC | | | | | | | | | |
| PART I: 1 | PART I: TOTAL EXPENDITURES | | | | | | | | | |
| EXPENDI | TURES OF \$25 OR MORE PE | R PERSON PER | DAV | | | | | | | |
| 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. | | | | | | | | | | |
| | | | | | | | | | | |
| | section is not applicable. | | | | | | | | | |
| Exp | enditures incurred in the total su | m of \$25 or more p | per day were m | nade for the fo | llowing persons: | Amount | | | | |
| Date | Name of Recipient | Mailing Address | (Street, City, Stat | e, Zip) | Description of Expenditure | or Value | | | | |
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| | | | 2: | | | | | | | |
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| | | | | 1 | | | | | | |
| | TURES OF \$150 OR MORE PI | | | | | | | | | |
| 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. | | | | | | | | | | |
| | enditures incurred in the total su | m of \$150 or more | per day were | made for the f | ollowing persons: | | | | | |
| - | N | 36.77 | (2) | F7' \ | D. C. C. C. D. C. | Amount or Value | | | | |
| Date | Name of Recipient | Mailing Address | (Street, City, Stat | te, Zip) | Description of Expenditure | Or value | | | | |
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| PART I | I: 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, S | State, Zip) Amour | Amount or Value | | | | |
| | | | | | | | | |
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| PART I | II: SUBJECT AREAS OF LOBBYING | | | | | | | |
| | | sed during the statement reporting period. Shall in | nclude title of bills, resolutions, and/or description | on of actions, permit, | | | | |
| | ent, or contract management that was supported or of | oposed. | | | | | | |
| BIII ZO | 12 (Kauai Plumbing Code) Opposed | | | | | | | |
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| | | | | | | | | |
| PART I | V: AUTHORIZED PERSON | | | | | | | |
| Ryar | n K. Kobayashi | J | 20KK Do | | | | | |
| | f Authorized Person (First, Middle, Last) | sh | gnature of Authorized Person | | | | | |
| Gove | ernment Affairs | | 01X8/2020 ~ | | | | | |
| Title | | Da | ate | | | | | |

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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.