Colon

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: 2021

RECEIVED

DATE OF 1/10/202		NAME OF LOBBYIST Eugene P. Soquena			*22 1811 10 810	4 4
	PERSON OR ORGANIZATION Suilding & Construction Trade		breviate)		22 000 10 110) :11
	s mailing address ox 2095, Honolulu, HI 96	Street City 805	State	Zip Code	Tarana IV et s	ink
	S TELEPHONE NO.				SOUNTY OF KAU	74 1
PART I: T	OTAL EXPENDITURES					
List all expend	TURES OF \$25 OR MORE PE litures incurred by lobbyist for the purpos section is not applicable. enditures incurred in the total su	e of lobbying of \$25 or more per person			nal sheet(s) if necessary.	Amount
Date	Name of Recipient	Mailing Address (Street, City, S	tate, Zip)	Description of Expenditure		or Value
	TURES OF \$150 OR MORE Pl litures incurred by lobbyist for the purpos		on per day during t	he reporting period. Attach additio	onal sheet(s) if necessary.	
	section is not applicable. enditures incurred in the total su	m of \$150 or more per day wer	re made for the	following persons:		Amount
Date	Name of Recipient	Mailing Address (Street, City, S	tate, Zip)	Description of Expenditure		or Value

PART II: CONTRIBUTIONS				
1987, as amended. Attach additional sheet(s) if necessar This section is not applicable.	e of lobbying in the total sum of \$25 or more per person ry. or more per person were received from the fo		Sec. 3-6.5(c)(3), Kaua'i County Code	
Date Name of Contributor	Mailing Address (Street, C	ity, State, Zip)	Amount or Value	
PART III: SUBJECT AREAS OF LOBBY Legislative and/or administrative action supported or procurement, or contract management that was supported None for 2021	opposed during the statement reporting period. Sho	ull include title of bills, resolutions, and	d/or description of actions, permit,	
PART IV: AUTHORIZED PERSON				
Eugene Paul Soquena		Engen P.H	- Branch - Control - Contr	
Name of Authorized Person (First, Middle, L	ast)	Signature of Authorized Person		
Executive Director		1/10/2022		
l'itle		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.