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

RECEIVED

DATE OF 1/7/2020		NAME OF L Michael Ya				****	
	PERSON OR ORGANIZATIO and Utility Cooperative	N YOU LOBBY	FOR (Do not ab	breviate)		*20 JAN 13 P1:42	
	S MAILING ADDRESS	Street	City	State	Zip Code		
2 100 00 000		Bireei			96766	OFFICE OF	
	ahee Street, Suite 1		Lihue	HI	90/00	THE COUNTY CLERK	
808-246-2	S TELEPHONE NO.					CUUNTI DI MAUAT	
800-240-2				,, , . , . , . , . ,	· · · · · ·		
PART I: TO	OTAL EXPENDITURES						
List all expend	FURES OF \$25 OR MORE P. litures incurred by lobbyist for the purp section is not applicable. enditures incurred in the total s	ose of lobbying of \$2	25 or more per persoi				Amount
Date	Name of Recipient	Mailing Ad	dress (Street, City, S	State, Zip)	Description of Exper	nditure	or Value
			· · · · · · · · · · · · · · · · · · ·				
<u> </u>				 			
							
List all expend	FURES OF \$150 OR MORE I litures incurred by lobbyist for the purp section is not applicable. enditures incurred in the total s	ose of lobbying of \$.	150 or more per pers				Amount
Date	Name of Recipient	Mailing Ad	dress (Street, City, S	State, Zip)	Description of Exper	nditure	or Value

OADELL	COMBUNICAN				
ARTI	I: CONTRIBUTIONS				
isi all co 1987, as a	AIBUTIONS RECEIVED Intributions received by lobbyist for the purpose of lobbying in the to mended. Attach additional sheet(s) if necessary. This section is not applicable. Contributions in the total sum of \$25 or more per person		rsuant to Sec. 3-6.5(c)(3), Kaua'i County Code		
Date	Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value		
		· · · · · · · · · · · · · · · · · · ·			
PARTI	II: SUBJECT AREAS OF LOBBYING				
эгоситет	e and/or administrative action supported or opposed during the ent, or contract management that was supported or opposed.	statement reporting period. Shall include title of bills, resolu	tions, and/or description of actions, permit,		
Energ	y-related bills				
PART I	V: AUTHORIZED PERSON				
Mich	ael Yamane	Meta			
Name o	f Authorized Person (First, Middle, Last)	Signature of Authorized	Signature of Authorized Person		
Chie	of of Operations & Technology	1/7/2020	1/7/2020		
Title	9,	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.