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: 2017

DATE OF 01-11-18		NAME OF LOBBYIST Peter H.M. Lee	RECEIVED					
	F PERSON OR ORGANIZATION		reviate)			I have been been t	Y Acres 1	
	aborers-Employers Coopera		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
BUSINES	Zip Code	18	JAN 12	A7:07				
650 Iwilei Road, Suite 285, Honolulu, HI 96817								
BUSINESS TELEPHONE NO. (808) 845-3238 OFFICE OF								
(808) 845-3238 THE COUNTY OF ERK						Y CLERK		
DADEL E	OMAL DYDDIDIDIDID				COL	HITY OF	KAUAT	
PART I: T	OTAL EXPENDITURES							
List all expend	TURES OF \$25 OR MORE PEI litures incurred by lobbyist for the purpose section is not applicable. enditures incurred in the total su	e of lobbying of \$25 or more per person				ditional shee	t(s) if necessary.	A
Date	Name of Recipient	Mailing Address (Street, City, State, Zip) Description of Expenditure					Amount or Value	
			, , , , , , , , , , , , , , , , , , , ,					0.00
					4			
List all expend	TURES OF \$150 OR MORE PEditures incurred by lobbyist for the purpose section is not applicable.	e of lobbying of \$150 or more per person				$dditional\ she$	vet(s) if necessary.	Amount
Date	Name of Recipient	Mailing Address (Street, City, St	ate, Zip)	Description of Exp	enditure			or Value
								0.00

PART II: CONTRIBUTIONS		
CONTRIBUTIONS RECEIVED List all contributions received by lobbyist for the purpose of lobbying is 1987, as amended. Attach additional sheet(s) if necessary.	in 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
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
	+	0.00
PART III: SUBJECT AREAS OF LOBBYING		
Legislative and/or administrative action supported or opposed dur	ring the statement reporting period. Shall include title of bills, resolut	tions, and/or description of actions, permit,
procurement, or contract management that was supported or opposed.		
None		
		<u> </u>
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PART IV: AUTHORIZED PERSON		
	- in	
Peter H.M. Lee		
Name of Authorized Person (First, Middle, Last)	Signature of Authorized	Person
Construction Compliance Officer	01-11-18	
Title	Date	
CERTIFICATION: By chacking this boy or signi	ing your name on this Statement, you certify and affirm the	hat you are the nerson whose name
appears as the "Authorized Person" above and th	e information contained in the form is true, correct, and con	mplete to the best of your knowledge
and belief. You further certify that you under	rstand that there are statutory penalties for failing to 1	report the information required by

Ordinance No. 999.