RECEIVED

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 1/5/2021	DATE OF FILING NAME OF LOBBYIST 1/5/2021 KIKA G. BUKOSKI				THE DOUNTY CLE
	PERSON OR ORGANIZATION RS AND FITTERS, LOCAL		ot abbreviate)		COUNTY OF KAUA
	s mailing address ETHEL ST., LOWER LEV	Street City	State OLULU, HAWAII	Zip Code 96813	33534461474445146444
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	S TELEPHONE NO.	11014	OLOLO, III WY (II		
	OTAL EXPENDITURES				
List all expend This	TURES OF \$25 OR MORE PER itures incurred by lobbyist for the purpose section is not applicable.	of lobbying of \$25 or more per		eporting period, Attach additional sheet(s) if nee	ressary.
	Name of Recipient	Mailing Address (Street,		Description of Expenditure	Amount or Value
List all expend				reporting period. Attach additional sheet(s) if n	ecessary.
Section 2	section is not applicable. Inditures incurred in the total su	n of \$150 or more per da	y were made for the fo	llowing persons:	Amount
Date	Name of Recipient	Mailing Address (Street,	City, State, Zip)	Description of Expenditure	or Value

PART II: CONTRIBUTIONS				
CONTRIBUTIONS RECEIVED List all contributions received by lobbyist for the purpose 1987; as amended. Attach additional sheet(s) if necessary This section is not applicable.	of lobbying in the total sum of \$25 or more per person during the statement person were received from the following persons:	period pursuant to Sec. 3-6.5(e)(3), Kaua'i County Code		
Date Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value		
**************************************	A PARTICIPATION OF THE PARTICI			
		The state of the s		
PART III: SUBJECT AREAS OF LOBBYI	NG			
procurement, or contract management that was supported	з от оррожей.			
PART IV: AUTHORIZED PERSON				
17.1	20 1	2 ()		
KIKA G. BUKOSKI / Cila	Kuliosle letta	& Inlesse.		
Name of Authorized Person (First, Middle, La	Signature of Au	thorized Person		
DIRECTOR, GOVT & COMM. AF	FAIRS 1/5/2021	1/5/2021		
Title	Date			
CERTIFICATION: By checking this b	ox 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.