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

STATEMENT TEAR:			21 DEC 13 A11:35
DATE OF FILING 12/13/2021	NAME OF LOBBYIST John P. Cox		
NAME OF PERSON OR ORGA Kauai Island Utility Coopera	NIZATION YOU LOBBY FOR (Do not abbrevia ative	te)	THE ESTINITY CLERK
BUSINESS MAILING ADDRES	· ·	tate Zip Code	BOUNTY OF KAUAT
4463 Pahee Street, Suit	e 1, Lihue, HI 96766		
BUSINESS TELEPHONE NO. 808-246-4300			
PART I: TOTAL EXPENDITU	RES		
ist all expenditures incurred by lobbyist This section is not applica	MORE PER PERSON PER DAY for the purpose of lobbying of \$25 or more per person per day ble. the total sum of \$25 or more per day were made Mailing Address (Street, City, State, Zip	for the following persons:	(s) if necessary. Amount or Value
	Training Trade to (Street, Street, Str	possipion of Emperativate	
	¥		
List all expenditures incurred by lobbyist This section is not applica	MORE PER PERSON PER DAY for the purpose of lobbying of \$150 or more per person per de ble. the total sum of \$150 or more per day were mad		
N	Mailing Address (Charact City Chata 7)	Di-ti	Amount or Value
Date Name of Recipient	Mailing Address (Street, City, State, Zi	Description of Expenditure	or value
- x - x			

PART II: CONTRIBUTIONS				
PART II: CONTRIBUTIONS				
CONTRIBUTIONS RECEIVED List all contributions received by lobbyist for the purportion of the purporti	ary.		pursuant to Sec. 3-6.5(c)(3), Kaua'i County Code	
Date Name of Contributor	Mailing Ad	ldress (Street, City, State, Zip)	Amount or Value	
		2		
	-4. 1 - 1 - 1			
PART III: SUBJECT AREAS OF LOBBY	/ING			
Legislative and/or administrative action supported procurement, or contract management that was supported lssues related to energy generation, the support of the support o	ted or opposed.		olutions, and/or description of actions, permit,	
PART IV: AUTHORIZED PERSON				
John P. Cox		John Cox John Cox (Dec 13, 2021 10:35 HST)		
Name of Authorized Person (First, Middle,	Last)	Signature of Authoriz	Signature of Authorized Person	
Transmission & Distribution	on Manager	12/13/2021	12/13/2021	
Title		Date	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.

Lobbyist_Contributions_and_Expenditures_State ment(062416) - JP Cox

Final Audit Report

2021-12-13

Created:

2021-12-13

By:

Beth Tokioka (btokioka@kiuc.coop)

Status:

Signed

Transaction ID:

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