

## LOBBYIST CONTRIBUTIONS AND EXPENDITURES STATEMENT

RECEIVED

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					'21 JAN 15 A9:37
DATE OF FILING 1/15/21	NAME OF LO Nathaniel Kir		OFFICE OF		
NAME OF PERSON OR ORGANIZATION Hawaii Construction Alliance	COUNTY OF KAUA'I				
BUSINESS MAILING ADDRESS PO BOX 179441, Honolulu, HI, 968	Street 317	City	State	Zip Code	
BUSINESS TELEPHONE NO. (808) 220-8892					
PART I: TOTAL EXPENDITURES				· · · · · · · · · · · · · · · · · · ·	
EXPENDITURES OF \$25 OR MORE In the pull that all expenditures incurred by lobbyist for the pull.  This section is not applicable. Expenditures incurred in the total.	rpose of lobbying of \$2	'5 or more per perso			neet(s) if necessary.  Amount
Date Name of Recipient	Mailing Add	lress (Street, City,	State, Zip)	Description of Expenditure	or Value
EXPENDITURES OF \$150 OR MORE List all expenditures incurred by lobbyist for the pu  This section is not applicable. Expenditures incurred in the total	rpose of lobbying of \$1	50 or more per pers			
Date Name of Recipient	Mailing Add	dress (Street, City,	State, Zip)	Description of Expenditure	Amount or Value
			<del></del>		

PART	II: CONTRIBUTIONS			
List all co	RIBUTIONS RECEIVED Intributions received by lobbyist for the purpose of lobbying in the numended. Attach additional sheet(s) if necessary.  This section is not applicable.  Contributions in the total sum of \$25 or more per per per per per per per per per p			ursuant to Sec. 3-6.5(c)(3), Kaua'i County Code
Date	Name of Contributor	Mailing Address (Street,	City, State, Zip)	Amount or Value
			199	
PART	III: SUBJECT AREAS OF LOBBYING			
Admini	ent, or contract management that was supported or opposed.  strative action regarding Kauai appointment to State	e Building Code Council		
Moth	anial Kinnay		Madel Je.	Digitally signed by Nathaniel Kinney
	aniel Kinney	<del>laineag</del>	Madel &	Date: 2021.01.15 09:20:44 -10'00'
	f Authorized Person (First, Middle, Last)		Signature of Authorize	d Person
	utive Director		1/15/21	
Title			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.