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

			A STATE OF THE STA						
	DATE OF FILING NAME OF LOBBYIST								
01/28/20		Ryan K. Kobayashi YOU LOBBY FOR (Do not abbreviate)							
	D	RECEIVED							
Hawaii Laborers' Union Local 368									
BUSINESS MAILING ADDRESS Street City State Zip Code									
1617 Palama Street Honolulu Hawaii 96817									
BUSINESS TELEPHONE NO.						A9:39			
808-8415	808-8415877 x242								
			and the second s		OCCINE	n.e.			
PART I: T	OTAL EXPENDITURES			THE	POLINTY	CI FRK			
COUNTY OF KAUA'I									
EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY List all expenditures incurred by lobbyist for the purpose of lobbying of \$25 or more per person per day during the reporting period. Attach additional sheet(s) if necessary.									
Disi dii expeni	unares incurred by toobytst for the purpos	e of toodying of \$25 or more per person per day darr	ing the reporting period. Attach additional s	neer(3) if nee	cessury.				
X This	s section is not applicable.								
		m of \$25 or more per day were made for t	he following persons:						
						Amount			
Date	Name of Recipient	Mailing Address (Street, City, State, Zip)	Description of Expenditure			or Value			
					- Indian comm	0			
	- 4								
	THE PERSON AS A SECOND DE	IN DED CON DED DAY							
	TURES OF \$150 OR MORE PI		ing the reporting period Attach additional	choot(e) if n	erecenty				
List all expenditures incurred by lobbyist for the purpose of lobbying of \$150 or more per person per day during the reporting period. Attach additional sheet(s) if necessary.									
This section is not applicable.									
L Exp	enditures incurred in the total su	m of \$150 or more per day were made for	the following persons:			A			
Date	Name of Recipient	Mailing Address (Street, City, State, Zip)	Description of Expenditure			Amount or Value			
Date	Traine of Recipient	Maining radiess (bireet, Oity, State, 219)	Description of Expendicure			0			
	***************************************				one of the same of				

PART	II: CONTRIBUTIONS				
List all co 1987, as c	This section is not applicable.	in the total sum of \$25 or more per person during the statement period pursors are person were received from the following persons:	suant to Sec. 3-6.5(c)(3), Kaua'i County Code		
Date	Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value		
			0		

3.15	The second secon				
4,4					
Legislativ	III: SUBJECT AREAS OF LOBBYING oe and/or administrative action supported or opposed durent, or contract management that was supported or opposed.	ring the statement reporting period. Shall include title of bills, resoluti	ions, and/or description of actions, permit,		
	e meeting with Kauai Mayor regarding Cou				
PART	IV: AUTHORIZED PERSON				
Name o	n K. Kobayashi of Authorized Person (First, Middle, Last) ernment Relations	Signature of Authorized 01/28/2021	Signature of Authorized Person		
Title		Date			

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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.