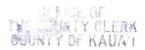
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LOBBYIST CONTRIBUTIONS AND EXPENDITURES STATEMENT

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

DATE OF 11.30.20		NAME OF LOBBYIST Allan Rietow			
	PERSON OR ORGANIZATION Y	OU LOBBY FOR (Do no	t abbreviate)		***************************************
1	S MAILING ADDRESS Laole St, Suite C Lihue, H	Street City I 96766	State	Zip Code	
<u></u>	S TELEPHONE NO.				
PART I: TO	OTAL EXPENDITURES				
	TURES OF \$25 OR MORE PER itures incurred by lobbyist for the purpose		erson per day during the	reporting period. Attach additional sheet(s) if necessary.	
	section is not applicable. nditures incurred in the total sun	of \$25 or more per day v	vere made for the fol	lowing persons:	Amount
Date	Name of Recipient	Mailing Address (Street, Ci	ty, State, Zip)	Description of Expenditure	or Value
					and the same of th

List all expend This	section is not applicable.	f lobbying of \$150 or more per j		reporting period. Attach additional short(s) if necessary.	
L Expe	nditures incurred in the total sum	of \$150 or more per day	were made for the b	buowing persons:	Amount
Date	Name of Recipient	Mailing Address (Street, Ci	ity, State, Zip)	Description of Expenditure	or Value
				-	***************************************
		***************************************			***************************************

CONTRIBUTIONS RECEIVED		
	bbying in the total sum of \$25 or more per person during the statement period pa	ursuant to Sec. 3-6.5(c)(3), Kaua'i County
	ore per person were received from the following persons:	
Date Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value
PART III: SUBJECT AREAS OF LOBBYING		
racurement, or contract management that was supported or of	posed	
N/A		
11/2		
W.A.		
TYPE TO THE TOTAL THE TOTA		
PART IV: AUTHORIZED PERSON		
PART IV: AUTHORIZED PERSON Allan Rietow	Signature of Authorized	l Person
PART IV: AUTHORIZED PERSON Allan Rietow Name of Authorized Person (First, Middle, Last)	Signature of Authorized	I Person
PART IV: AUTHORIZED PERSON Allan Rietow Name of Authorized Person (First, Middle, Last) Field Representative Fittle	Date	H Person
PART IV: AUTHORIZED PERSON Allan Rietow Name of Authorized Person (First, Middle, Last) Field Representative Citle CERTIFICATION: By checking this box of appears as the "Authorized Person" above a		chat you are the person whose namplete to the best of your knowle