

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.

STATEM	ENT YEAR: 2018					1		
DATE 0 1/24/19	F FILING	NAME OF LOE Bev Brody	BYIST			PE (CIN	/ED
NAME (Get Fit	OF PERSON OR ORGANIZATIO Kauai	N YOU LOBBY FO	DR (Do not abb	reviate)				
BUSINE	SS MAILING ADDRESS	Street POB 392	City Kilaue a	State HI	Zip Code 96754	°1 9 JAI	N 24	A6:53
BUSINE (808) 21	SS TELEPHONE NO. 2-4765						FICE	
PART I:	TOTAL EXPENDITURES					THE CO COUNT		CLERK KAUAT
List all expe	OITURES OF \$25 OR MORE P nditures incurred by tobbyist for the purp is section is not applicable. penditures incurred in the total	vase of lobbying of \$25 a	r more per person s			tional sheet(s) if necessa	ny.	Amount
Date	Name of Recipient	Mailing Addre	Mailing Address (Street, City, State, Zip) Description				,	or Value

				3-				
	ITURES OF \$150 OR MORE nditures incurred by lobbyist for the pur			per day during t	the reporting period. Attach ado	fitional sheet(s) if neces	sary.	
	is section is not applicable. penditures incurred in the total	sum of \$150 or mor	e per day were	made for the	following persons:			Amount
Date	Name of Recipient	Mailing Addre	ss (Street, City, Su	ite, Zip)	Description of Expenditure			or Value
		***************************************			•		***************************************	
				***************************************			**********************	
				*			Marinista Control	
					- Company			

PART I	I: CONTRIBUTIONS						
List all co 1987, as a	mended. Attach additional sheet(s) if necessary. This section is not applicable.	ying in the total sum of \$25 or more per person during the statement period person were received from the following persons:	gursuant to Sec. 3-6.5(c)(3), Kaua'i County Code				
Date	Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value				
PART I	II: SUBJECT AREAS OF LOBBYING						
	e and/or administrative action supported or oppose ent, or contract management that was supported or opp	d during the statement reporting period. Shall include title of bills, reso	elutions, and/or description of actions, permit.				
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PART I	V: AUTHORIZED PERSON	$\alpha \eta$					
Beve	rley Ann Brody	Dhie du	the				
Name o	f Authorized Person (First, Middle, Last)	Signature of Authoriza					
Direc	etor	January 24, 20	January 24, 2019				
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.