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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.

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STATEMENT YEAR: 2018

2/6/2019	FILING	NAME OF LOBBYIST E. Kyle Datta			THE COUNTY
	F PERSON OR ORGANIZATION Initiative		ot abbreviate)		COUNTY OF
	S MAILING ADDRESS	Street City	State	Zip Code	
	shop St., Suite 1202 Hor	nolulu, HI 96813			
BUSINES 808-544-8	S TELEPHONE NO.				
000-544-0					
ART I: T	OTAL EXPENDITURES				, ,,, <u>,,,,</u>
ist all expend This	TURES OF \$25 OR MORE PEF ditures incurred by lobbyist for the purpose section is not applicable. enditures incurred in the total sur	of lobbying of \$25 or more per p		e reporting period. Attach additional sheet(s) if need following persons:	cessary. Amount
ate	Name of Recipient	Mailing Address (Street, C	ity, State, Zip)	Description of Expenditure	or Value
	TURES OF \$150 OR MORE PE		person per day during	the reporting period. Attach additional sheet(s) if n	ecessary.
ist all expend This		e of lobbying of \$150 or more per			
ist all expend This	ditures incurred by lobbyist for the purpose section is not applicable.	e of lobbying of \$150 or more per	were made for the		ecessary. Amount or Value
This Expe	ditures incurred by lobbyist for the purpose section is not applicable. enditures incurred in the total sur	e of lobbying of \$150 or more per m of \$150 or more per day	were made for the	following persons:	Amount
This Expe	ditures incurred by lobbyist for the purpose section is not applicable. enditures incurred in the total sur	e of lobbying of \$150 or more per m of \$150 or more per day	were made for the	following persons:	Amount
This Expe	ditures incurred by lobbyist for the purpose section is not applicable. enditures incurred in the total sur	e of lobbying of \$150 or more per m of \$150 or more per day	were made for the	following persons:	Amount

PART	II: CONTRIBUTIONS		
List all 1987, as	amended. Attach additional sheet(s) if necessary. This section is not applicable.	rying in the total sum of \$25 or more per person during the statement per e per person were received from the following persons:	eriod pursuant 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	III: SUBJECT AREAS OF LOBBYING		
	ive and/or administrative action supported or oppose nent, or contract management that was supported or opp	d during the statement reporting period. Shall include title of bills posed.	s, resolutions, and/or description of actions, permit,
None	for this period		
PART	IV: AUTHORIZED PERSON		
Am	y Melinda Hennessey	Ola Do	what I on
	of Authorized Person (First, Middle, Last)	Signature of Auth	norized Person
Dire	ector of Communications	2/6/2019	
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.