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: 2019

DATE OF JANUAF	FILING RY 31, 2020	NAME OF LOBBYIST DAVID Z. ARAKAWA	- 9		plants Profit		VED
NAME OF LAND U	PERSON OR ORGANIZATION SE RESEARCH FOUNDATI	YOU LOBBY FOR (Do not abb ON OF HAWAII	oreviate)				<i>j</i>
	s mailing address LAKEA ST. HONOLULU	Street City J HAWAII 96813	State	Zip Code	°2 0	FEB -3	A7:12
BUSINES (808) 52	S TELEPHONE NO. 1-4717		,			(-711186	()-
PART I: T	OTAL EXPENDITURES		,			UNITY OF	Company of the Compan
	TURES OF \$25 OR MORE PER litures incurred by lobbyist for the purpose		per day during the	reporting period. Attach additional si	heet(s) if nece	ssary.	
	section is not applicable. enditures incurred in the total sur	n of \$25 or more per day were	made for the fo	llowing persons:			Amount
Date	Name of Recipient	Mailing Address (Street, City, Str	ate, Zip)	Description of Expenditure			or Value
List all expend This	TURES OF \$150 OR MORE PE litures incurred by lobbyist for the purpose section is not applicable. enditures incurred in the total sur	of lobbying of \$150 or more per person			sheet(s) if nec		Amount
Date	Name of Recipient	Mailing Address (Street, City, St	ate, Zip)	Description of Expenditure			or Value
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PART II: CONTRIBUTIONS					
1987, as amended. Attach additional sheet(s) if nece This section is not applicable.	rpose of lobbying in the total sum of \$25 or more per person during the statement periodessary. S25 or more per person were received from the following persons:	l 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			
1 - No					
procurement, or contract management that was supp	ed or opposed during the statement reporting period. Shall include title of bills, re-				
PART IV: AUTHORIZED PERSON					
DAVID Z. ARAKAWA	David 2.	Derse V. Oraleu			
Name of Authorized Person (First, Middle EXECUTIVE DIRECTO	e, Last) Signature of Authori	Signature of Authorized Person JANUARY 31, 2020			
Title	Date	Date			
appears as the "Authorized Person	nis box or signing your name on this Statement, you certify and affirm above and the information contained in the form is true, correct, and that you understand that there are statutory penalties for failing	complete to the best of your knowledge			

Ordinance No. 999.