LOBBYIST CONTRIBUTIONS AND EXPENDITURES STATEMENT VED

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: 2016

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DATE OF 1/9/2017		NAME OF LOBBYIST Nancy Ann Kanna			DEFICE OF	
	PERSON OR ORGANIZATION Dard of REALTORS	YOU LOBBY FOR (Do not abb	reviate)	Ţ	HE COUNTY CLERK COUNTY OF KAUA'I	
BUSINES	S MAILING ADDRESS	Street City	State	Zip Code		
	S TELEPHONE NO. ui Grove Street #103, Lihue HI 9676	6				
PART I: T	OTAL EXPENDITURES				- N -	
List all expend	TURES OF \$25 OR MORE PER ditures incurred by lobbyist for the purpose section is not applicable. enditures incurred in the total sur	of lobbying of \$25 or more per person ;			dditional sheet(s) if necessary.	Amount
Date	Name of Recipient	Mailing Address (Street, City, St.	ate, Zip)	Description of Expenditu	re	Amount or Value
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				TOTAL		
List all expend	TURES OF \$150 OR MORE PE		ı per day during th	e reporting period. Attach	additional sheet(s) if necessary.	
	s section is not applicable. enditures incurred in the total sur	n of \$150 or more per day were	made for the	following persons:		Amount
Date	Name of Recipient	Mailing Address (Street, City, St	ate, Zip)	Description of Expenditu	ce	or Value
1/1/16-8/24/16	Nancy Ann Kanna	PO Box 138, Hanapep	e HI 96716	Independent Con	tractor Compensation	331,666.69
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					y caracteristication	
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PART II: CONTRIBUTIONS		
CONTRIBUTIONS RECEIVED  List all contributions received by lobbyist for the purpose of lobbying in the total of 1987, as amended. Attach additional sheet(s) if necessary.  This section is not applicable.		oursuant to Sec. 3-6.5(c)(3), Kaua'i County Code
Contributions in the total sum of \$25 or more per person v	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	70000	
Legislative and/or administrative action supported or opposed during the sta procurement, or contract management that was supported or opposed.  FRC increase; Community Development Plans; Rice Street Revital		
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		TOTAL CONTRACTOR OF THE PARTY O
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PART IV: AUTHORIZED PERSON	//	
Karen Ono for Kauai Board of REALTORS		
Name of Authorized Person (First, Middle, Last)	Signature of Authorize	ed Person
Executive Officer	1/9/2017	
Title	Date	
CERTIFICATION: By checking this boy or signing your	nome on this Statement was contifued affirm	that you are the nevern whose name

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.