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.

2020

STATEMI	ENT YEAR:				
DATE OF 01/25/20		NAME OF LOBBYIST Valerie K. Saiki		RECEIVED	
NAME O	F PERSON OR ORGANIZATION Public Health Institute dba Co	YOU LOBBY FOR (Do not abbreviate) alition for a Tobacco-Free Hawaii		*21 144 20 20 20	
	SS MAILING ADDRESS hards Street, Suite 201 Hond	Street City State	Zip Code	21 JAN 29 P2:29	
	SS TELEPHONE NO. 91-6508 ext. 9, then 8			OFFICE OF THE COUNTY CLERK COUNTY OF KAUA'I	
PART I: T	OTAL EXPENDITURES			- Thieri	
List all expen	s section is not applicable.	e of lobbying of \$25 or more per person per day duri m of \$25 or more per day were made for t			mount
Date	Name of Recipient	Mailing Address (Street, City, State, Zip)	Description of Expenditure		Value
List all expen	s section is not applicable.	ER PERSON PER DAY e of lobbying of \$150 or more per person per day dur m of \$150 or more per day were made for			mount
Date	Name of Recipient	Mailing Address (Street, City, State, Zip)	Description of Expenditure		Mount Value
					4-5

PART II: CONTRIBUTIONS		
1987, as amended. Attach additional sheet(s) if necessar. This section is not applicable.	se of lobbying in the total sum of \$25 or more per person during the statement period p ry. or more per person were received from the following persons:	ursuant to Sec. 3-6.5(c)(3), Kaua'i County Code
Date Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value
During the statement period County Count to a bill, however because of Covid all	r opposed during the statement reporting period. Shall include title of bills, resol	that would lead up
PART IV: AUTHORIZED PERSON		
		1/10
Valerie K. Saiki		KAL
Name of Authorized Person (First, Middle, L Community Coordinator	Signature of Authorize 01/25/2021	d Person
Title	Date	

X

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.