

## 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 PUBLICIPO CONTENT. P 2:44

STATEMENT YEAR: 2019

						CEFICE OF	
DATE OF			THE COUNTY CLERK				
11/27/		LORNA A. NIS		CHUNIY OF KAUA	4.1		
	F PERSON OR ORGANIZATIO: ID DEVELOPMENT COMPANY	N YOU LOBBY FO	OR (Do not abbre	eviate)			
BUSINES	SS MAILING ADDRESS	Street	City	State	Zip Code		····-·
C/O 433	4 RICE STREET, SUITE 202	2, LIHUE, KAUAI	, HAWAII 9676	6			
BUSINES	SS TELEPHONE NO.						
C/O (808)	246-6961						
PART I: T	OTAL EXPENDITURES						
X This Exp	ditures incurred by lobbyist for the purp s section is not applicable. enditures incurred in the total s	um of \$25 or more	per day were m	ade for the f	ollowing persons:	onai sneeu(s) ij necessary.	Amount
Date	Name of Recipient	Mailing Addres	s (Street, City, State	e, Zip)	Description of Expenditure		or Value
List all expen	TURES OF \$150 OR MORE Is ditures incurred by lobbyist for the purp is section is not applicable. enditures incurred in the total s	ose of lobbying of \$150	or more per person p			tional sheet(s) if necessary.	Amount
Date	Name of Recipient	Mailing Addres	s (Street, City, State	e, Zip)	Description of Expenditure		or Value
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PART II: CONTRIBUTIONS					
1987, as amended. Attach additional sheet(  X This section is not applicable)	s) if necessary. e.	the total sum of \$25 or more per person during the state erson were received from the following perso		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				
Legislative and/or administrative action a procurement, or contract management that t		g the statement reporting period. Shall include title	of bills, resolutions, and/or	description of actions, permit,	
VDA PETITION			<i>(</i> -1)		
	A Province of the Control of the Con				
Note: The term "Expenditures" in (	Ordinance No. 999 does	not include attorney's fees protected by the a	attorney-client privilege.		
(Hawaii Rules of Profession	al Conduct, Rule 1.6)				
PART IV: AUTHORIZED PERS	ON				
LORNA A. NISHIMITSI	J	Enis	Cumtra		
Name of Authorized Person (First,	Middle, Last)	Signature of	f Authorized Person		
		11/27/	<b>'</b> 2019		
Title		Date			
CEDTIFICATION: By cheel	ring this how on signing	y your name on this Statement you contify	and affirm that way are	the nerson where neme	

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.