STATEMENT YEAR: 2019

DATE OF FILING
JANUARY 31, 2020

NAME OF LOBBYIST
DAVID Z. ARAKAWA

NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (Do not abbreviate)
LAND USE RESEARCH FOUNDATION OF HAWAII

BUSINESS MAILING ADDRESS
1100 ALAKEA ST. HONOLULU HAWAII 96813

BUSINESS TELEPHONE NO.
(808) 521-4717

PART I: TOTAL EXPENDITURES

EXPENDITURES OF $25 OR MORE PER PERSON PER DAY
List all expenditures incurred by lobbyist for the purpose of lobbying of $25 or more per person per day during the reporting period. Attach additional sheet(s) if necessary.

This section is not applicable.

EXPENDITURES OF $150 OR MORE PER PERSON PER DAY
List all expenditures incurred by lobbyist for the purpose of lobbying of $150 or more per person per day during the reporting period. Attach additional sheet(s) if necessary.

This section is not applicable.
PART II: CONTRIBUTIONS

CONTRIBUTIONS RECEIVED
List all contributions received by lobbyist for the purpose of lobbying in the total sum of $25 or more per person during the statement period pursuant to Sec. 3-6.5(c)(3), Kaua'i County Code 1987, as amended. Attach additional sheet(s) if necessary.

This section is not applicable.
Contributions in the total sum of $25 or more per person were received from the following persons:

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<th>Date</th>
<th>Name of Contributor</th>
<th>Mailing Address (Street, City, State, Zip)</th>
<th>Amount or Value</th>
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PART III: SUBJECT AREAS OF LOBBYING
Legislative and/or administrative action supported or opposed during the statement reporting period. Shall include title of bills, resolutions, and/or description of actions, permit, procurement, or contract management that was supported or opposed.

ALL MATTERS RELATING TO LAND USE, HOUSING, WATER, ENERGY, PLANNING & PERMITTING.

PART IV: AUTHORIZED PERSON

DAVID Z. ARAKAWA
Name of Authorized Person (First, Middle, Last)
EXECUTIVE DIRECTOR
Title

Signature of Authorized Person
JANUARY 31, 2020
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.