STATEMENT YEAR: 2020

DATE OF FILING 
1/29/21
NAME OF LOBBYIST
Anne Frederick

NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (Do not abbreviate)
Hawaii Alliance for Progressive Action

BUSINESS MAILING ADDRESS
P.O. Box 1534 Kapaa, HI 96746

BUSINESS TELEPHONE NO.
(808) 212-9616 x1

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.

<table>
<thead>
<tr>
<th>Date</th>
<th>Name of Recipient</th>
<th>Mailing Address (Street, City, State, Zip)</th>
<th>Description of Expenditure</th>
<th>Amount or Value</th>
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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.

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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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<tr>
<th>Date</th>
<th>Name of Contributor</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.

N/A

PART IV: AUTHORIZED PERSON

Anne C. Frederick
Name of Authorized Person (First, Middle, Last)
Executive Director
Title

Anne Frederick
Signature of Authorized Person
1.29.21
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.