



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

OFFICE OF
THE COUNTY CLERK
COUNTY OF MAUI

18 JAN 19 P1:19

RECEIVED

STATEMENT YEAR: 2017

DATE OF FILING <u>1.19.2018</u>	NAME OF LOBBYIST <u>Stephanie Makaanani Tami Moir</u>			
NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (Do not abbreviate) <u>Hawai'i Public Health Institute / Coalition For a Tobacco Free Hawai'i</u>				
BUSINESS MAILING ADDRESS	Street	City	State	Zip Code
<u>850 Richards St., Suite 201</u>		<u>Honolulu</u>	<u>HI</u>	<u>96813</u>
BUSINESS TELEPHONE NO. <u>808.591.6508</u>				

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 incurred in the total sum of \$25 or more per day were made for the following persons:

Date	Name of Recipient	Mailing Address (Street, City, State, Zip)	Description of Expenditure	Amount or Value

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.

Expenditures incurred in the total sum of \$150 or more per day were made for the following persons:

Date	Name of Recipient	Mailing Address (Street, City, State, Zip)	Description of Expenditure	Amount or Value

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:

Date	Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value

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.

none during this time frame

PART IV: AUTHORIZED PERSON

Jessica PB Yamauchi
Name of Authorized Person (First, Middle, Last)
Executive Director
Title

Amber Yamauchi
Signature of Authorized Person
1/12/18
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.