### 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.

#### Statement Year: 2019

<table>
<thead>
<tr>
<th>Date of Filing</th>
<th>Name of Lobbyist</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/07/19</td>
<td>Bev Brody</td>
</tr>
</tbody>
</table>

**Name of Person or Organization You Lobby For (Do not abbreviate):**

Get Fit Kauai

**Business Mailing Address**

POB 392
Kilauea, HI 96754

**Business Telephone No.:**

(808) 212-4765

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### 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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Name of Contributor</th>
<th>Mailing Address (Street, City, State, Zip)</th>
<th>Amount or Value</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

**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.

Supported Kamali'i Safe Routes to School Resolution 2019-19

**PART IV: AUTHORIZED PERSON**

Beverley Ann Brody
Name of Authorized Person (First, Middle, Last)

Director
Title

Brody
Signature of Authorized Person

01/07/20
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.

06/24/16