



# LOBBYIST CONTRIBUTIONS AND EXPENDITURES STATEMENT

RECEIVED

The reporting period is from January 1<sup>st</sup> through December 31<sup>st</sup> of the previous year.

This statement shall be filed on or before January 31<sup>st</sup> of each year. NOTE THAT THIS IS A PUBLIC DOCUMENT.

STATEMENT YEAR: 2019

20 JAN 16 A8:10

DATE OF FILING 01/16/2020	NAME OF LOBBYIST Valerie Kei Saiki				
NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawai'i Public Health Institute / Coalition for a Tobacco-Free Hawai'i					
BUSINESS MAILING ADDRESS	Street	City	State	Zip Code	
850 Richards St., Suite 201 Honolulu, HI 96813					
BUSINESS TELEPHONE NO. (808) 591-6508 ext. 9, then 8					

OFFICE OF  
THE COUNTY CLERK  
COUNTY OF KAUAI

## 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), Kawa'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
12/31/19	Hawaii Public Health Institute	850 Richards St., Suite 201 Honolulu, HI 96813	\$69.83


**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.

Issues related to tobacco or health (including testimony in support of Resolution No. 2019-72).

**PART IV: AUTHORIZED PERSON**

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

  
Signature of Authorized Person  
1/15/2020  
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.