



## LOBBYIST CONTRIBUTIONS AND EXPENDITURES STATEMENT

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.

2018

STATEMENT YEAR: \_\_\_\_\_

DATE OF FILING January 15, 2019	NAME OF LOBBYIST Valerie K. Saiki				
NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Coalition for a Tobacco-Free Hawaii/Hawaii Public Health Institute					
BUSINESS MAILING ADDRESS		Street	City	State	Zip Code
850 Richards St., Suite 201		Honolulu	HI	96813	
BUSINESS TELEPHONE NO. 808 591-6508					

RECEIVED

'19 JAN 15 PM 1:21

### 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.

OFFICE OF  
THE COUNTY CLERK  
COUNTY OF KAUAI

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
2018	Hawaii Public Health Institute	850 Richards St. Suite 201 Honolulu HI 96813	\$34.26

**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.

Support for tobacco-free Poipu Beach Park, support for County repeal of preemption.

**PART IV: AUTHORIZED PERSON**

Valerie Kei Saiki

Name of Authorized Person (First, Middle, Last)

Kaua'i Community Coordinator

Title



Signature of Authorized Person

1/14/2019

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.