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LOBBYIST REGISTRATION STATEMENT

OFFICE OF
THE COUNTY CLERK
COUNTY OF KAUAI

You must file this statement with the Office of the County Clerk if you are an individual who for gain or other consideration engages in lobbying on behalf of another person, or organization, for more than five (5) hours in any month or spends more than \$750 lobbying during any reporting period (January 1st through December 31st of the previous year). NOTE THAT THIS IS A PUBLIC DOCUMENT.

(Type or Print Clearly)

NAME	Last Brody	First Bev	Middle		
BUSINESS MAILING ADDRESS	Street	City	State	Zip Code	
	P.O Box 392	Kilauea	HI	96754	
TELEPHONE NO. (808) 212-4765	E-MAIL bev@hiphi.org				
NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (do not abbreviate) Get Fit Kauai/ Hawaii Public Health Institute					
BUSINESS MAILING ADDRESS	Street	City	State	Zip Code	
	850 Richards Street - Suite #201	Honolulu	HI	96813	
BUSINESS TELEPHONE NO. (808) 591-6508 x1					

SUBJECT AREAS OF LOBBYING

(Bill/Resolution Number(s), Agenda Item(s), and/or Topic(s))

Any items pertaining to the health of the community, specifically community and street design as well as access to healthy foods.

CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Brody Bev

(Signature of Lobbyist)

11/10/2016

(Date)

AUTHORIZATION TO LOBBY

NAME <i>Jessica Yamauchi</i>	TITLE OF AUTHORIZING OFFICER OF PERSON REPRESENTED <i>Executive Director</i>				
NAME OF ORGANIZATION (if applicable) <i>Hawaii Public Health Institute</i>				TELEPHONE NO. <i>591 6508</i>	
ADDRESS OF ORGANIZATION OR PERSON	Street	City	State	Zip Code	
<i>850 Richards Street Suite 201</i>		<i>Honolulu</i>	<i>HI</i>	<i>96813</i>	

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

Jessica Yamauchi

(Signature of Authorizing Officer)

12/5/2016

(Date)