



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: 2016

DATE OF FILING January 2, 2017	NAME OF LOBBYIST Bev Brody				
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	
POB 392, Kilauea, HI 96754					
BUSINESS TELEPHONE NO. 808-212-4765					

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

RECEIVED

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OFFICE OF
THE COUNTY CLERK
COUNTY OF KAUAI

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:

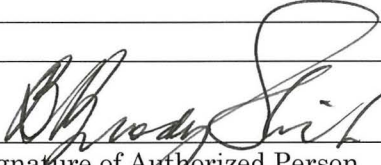
Date	Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value

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.

PART IV: AUTHORIZED PERSON

Beverley Ann Brody
Name of Authorized Person (First, Middle, Last)
Get Fit Kauai - Director
Title


Signature of Authorized Person
01/03/2017
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.