



# 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.

STATEMENT YEAR: 2020

DATE OF FILING December 22, 2020	NAME OF LOBBYIST Bev Brody				
NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Get Fit Kauai					
BUSINESS MAILING ADDRESS POB 392, Kilauea, HI 96754	Street	City	State	Zip Code	RECEIVED  20 DEC 22 P 3:48
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.

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

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**PART II: CONTRIBUTIONS**

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**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), Kaula'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

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**PART III: SUBJECT AREAS OF LOBBYING**

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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.

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

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**PART IV: AUTHORIZED PERSON**

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**Bev Brody**

Name of Authorized Person (First, Middle, Last)

Director

Title

*BBrodySkerik*

Signature of Authorized Person

12/22/20

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.