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.

2019

STATEM	ENT YEAR:					
DATE 0: 01/30/2	F FILING 20	NAME OF LOBBYIST Amy Hennessey			PECEN	/ED
NAME C	OF PERSON OR ORGANIZATION no Initiative	YOU LOBBY FOR (Do not abb	eviate)			
	SS MAILING ADDRESS shop Street Suite 1202, Hono	Street City Iulu, HI, 96813	State	Zip Code	*20 JAN 31	P1 :32
	SS TELEPHONE NO. 44-8960				OFFICE:	OF COM
PART I:	TOTAL EXPENDITURES				EGINTA OF I	
List all exper	ITURES OF \$25 OR MORE PE inditures incurred by lobbyist for the purpos is section is not applicable. penditures incurred in the total su Name of Recipient	e of lobbying of \$25 or more per person p	nade for the fo		tional sheet(s) if necessary.	Amount or Value
Date	tvame of necipient	maining Address (Street, City, Sta	te, zap)	Description of Expenditure		UI VAILE
List all expe	ITURES OF \$150 OR MORE Planditures incurred by lobbyist for the purpose is section is not applicable. penditures incurred in the total su	se of lobbying of \$150 or more per person			litional sheet(s) if necessary.	Amount
Date	Name of Recipient	Mailing Address (Street, City, Sta	te, Zip)	Description of Expenditure		or Value
						1

PART II	CONTRIBUTIONS		
List all cont 1987, as am	ended. Attach additional sheet(s) if necessary. is section is not applicable.	the total sum of \$25 or more per person during the statement period p person were received from the following persons:	ursuant to Sec. 3-6.5(c)(3), Kaua'i County Code
Date	Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value
	-		.1
TA A TAPES TO	I: SUBJECT AREAS OF LOBBYING		
	and/or administrative action supported or opposed during, or contract management that was supported or opposed.	ng the statement reporting period. Shall include title of bills, resol	utions, and/or description of actions, permit,
PARTIN	7: AUTHORIZED PERSON		
		4	
Murray	R. Clay	/ Run	Lu !
Name of	Authorized Person (First, Middle, Last)	Signature of Authorize	d Person
Preside	ent	1/30 /	1020
Title		Date	
	EDMIEIOAMION D. 1.1: 41: 1	13	41

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.