## 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.

RECEIVED

2020 STATEMENT YEAR: NAME OF LOBBYIST DATE OF FILING "20 DEC 28 A11 :28 Dec 21st 2020 Fern A Holland NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawai'i Alliance for Progressive Action OFFICE OF BUSINESS MAILING ADDRESS Street City State Zip Code THE COUNTY CLERK COUNTY OF KAUA'I 96746 PO Box 1534 Kapa'a HI BUSINESS TELEPHONE NO. 808-634-6242 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: Amount Mailing Address (Street, City, State, Zip) Description of Expenditure or Value Date Name of Recipient 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: Amount or Value Date Name of Recipient Mailing Address (Street, City, State, Zip) Description of Expenditure

PART II: CONTRIBUTIONS			
CONTRIBUTIONS RECEIVED  List all contributions received by lobbyist for the purpose of 1987, as amended. Attach additional sheet(s) if necessary.  This section is not applicable.  Contributions in the total sum of \$25 or		A. 13 15 2	suant to Sec. 3-6.5(c)(3), Kaua'i County Code
Date Name of Contributor	Mailing Address (Stre	Mailing Address (Street, City, State, Zip)	
	,		
Legislative and/or administrative action supported or opprocurement, or contract management that was supported of Supported efforts in single use plastic an	or $opposed.$	Shall include title of bills, resoluti	ons, and/or description of actions, permit,
PART IV: AUTHORIZED PERSON			
Fern Ānuenue Holland		Fern Holland	Digitally signed by Fern Holland Date: 2020.12.28 11:19:55 -10'00'
Name of Authorized Person (First, Middle, Last)		Signature of Authorized Person	
Community Organizer		Dec 21st 2020	
Title		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.