LOBBYIST CONTRIBUTIONS AND EXPENDITURES STATEMENT

The reporting period is from January 1st through December 31st of the previous year. RECEIVED This statement shall be filed on or before January 31st of each year. NOTE THAT THIS IS A PUBLIC DOCUMENT.

STATEMENT YEAR: 2016

STATEME	ENT YEAR: 2010				17 JAN 10 PI2 3	24		
DATE OF		AME OF LOBBYIST			17 JAN 10 112 4	i. V		
1/9/2017	7	Chad J. Deal						
NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Kauai Board of REALTORS OFFICE OF THE COUNTY CLERK								
	SS MAILING ADDRESS	Street City S	State	Zip Code	COUNTY OF KAUA	*		
1	lukui Grove Street #103, Li	•	iale	Zip Code				
BUSINES (808) 245	SS TELEPHONE NO. -4049							
DADT I. T	OTAL EXPENDITURES		,,,					
FART I: I	OTAL EXPENDITURES							
	TURES OF \$25 OR MORE PER I		y during the	reporting period. Attach additi	ional 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:								
Bxp	characte meatrea in the total sain	or 420 or more per day were made	TOI DIE TO	10 Willig Porboids.		Amount		
Date	Name of Recipient	Mailing Address (Street, City, State, Zi	p)	Description of Expenditure		or Value		
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	TURES OF \$150 OR MORE PER		, , , , , , , , , , , , , , , , , , , ,		W			
List all expen	ditures incurred by lobbyist for the purpose o	lobbying of \$150 or more per person per d	ay auring the	e reporting perioa. Attach adai	tional sneet(s) if necessary.			
	s section is not applicable. enditures incurred in the total sum	of \$150 or more per day were mad	le for the f	ollowing persons:				
	endidates induited in the total sum	or \$100 or more per day were made	AC IOI OILC I	mowing persons.		Amount		
Date	Name of Recipient	Mailing Address (Street, City, State, Zi	ip)	Description of Expenditure		or Value		
						0		

PART II: CONTRIBUTIONS		
1987, as amended. Attach additional sheet(s) if necessary. This section is not applicable.	obbying in the total sum of \$25 or more per person during the statement pe wore per person were received from the following persons:	riod pursuant to Sec. 3-6.5(c)(3), Kaua'i County Code
Date Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value
		-6-
PART III: SUBJECT AREAS OF LOBBYING	TOTAL	
Legislative and/or administrative action supported or opp procurement, or contract management that was supported or	osed during the statement reporting period. Shall include title of bills, opposed.	, resolutions, and/or description of actions, permit,
PART IV: AUTHORIZED PERSON		
Karen Ono		
Name of Authorized Person (First, Middle, Last)	Signature of Auth	orized Person
Executive Officer	1/9/2017	
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.