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OFFICE OF  
COUNTY CLERK  
COUNTY OF KAUAI

**LOBBYIST REGISTRATION STATEMENT**

You must file this statement with the Office of the County Clerk if you are an individual who for pay or other consideration engages in lobbying on behalf of another person, or organization, for more than five (5) hours in any month or spends more than \$750 lobbying during any reporting period (January 1<sup>st</sup> through December 31<sup>st</sup> of the previous year). NOTE THAT THIS IS A PUBLIC DOCUMENT.

*(Type or Print Clearly)*

NAME	Last	First	Middle
NISHIMITSU, LORNA A.			
BUSINESS MAILING ADDRESS	Street	City	State Zip Code
4334 RICE STREET, SUITE 202, LIHUE, KAUAI, HAWAII 96766			
TELEPHONE NO.	E-MAIL		
(808) 245-4705, EXT. 226	lan@kauai-law.com		
NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (do not abbreviate)			
ISLAND SCHOOL			
BUSINESS MAILING ADDRESS	Street	City	State Zip Code
3-1875 KAUMUALI'I HWY, LIHUE, KAUAI, HAWAII 96766			
BUSINESS TELEPHONE NO.			
(808) 246-0233			

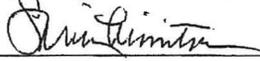
**SUBJECT AREAS OF LOBBYING**

*(Bill / Resolution Number(s), Agenda Item(s), and/or Topic(s))*

ZONING AMENDMENT

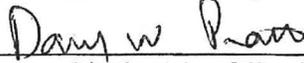
**CERTIFICATION OF LOBBYIST**

*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*


1/9/19

\_\_\_\_\_  
 (Signature of Lobbyist) (Date)

**AUTHORIZATION TO LOBBY**

NAME	TITLE OF AUTHORIZING OFFICER OF PERSON REPRESENTED		
DAVID W. PRATT	VICE PRESIDENT		
NAME OF ORGANIZATION (if applicable)	TELEPHONE NO.		
ISLAND SCHOOL	(808) 246-0233		
ADDRESS OF ORGANIZATION OR PERSON	Street	City	State Zip Code
3-1875 KAUMUALI'I HWY, LIHUE, KAUAI, HAWAII 96766			
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>			
		<span style="float: right;">Jan. 10 2019</span>	
_____		_____	
(Signature of Authorizing Officer)		(Date)	