LOBBYIST CONTRIBUTIONS AND EXPENDITURES STATEMENT

STATEMENT YEAR: 2017

DATE OF FILING: 1/22/2018

NAME OF LOBBYIST: Mark Perriello

NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (Do not abbreviate):
Kauai Chamber of Commerce

BUSINESS MAILING ADDRESS:
PO BOX 1969 Lihue, HI 96766

BUSINESS TELEPHONE NO.: 808-245-7363

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.

Expenses incurred in the total sum of $25 or more per day were made for the following persons:

<table>
<thead>
<tr>
<th>Date</th>
<th>Name of Recipient</th>
<th>Mailing Address (Street, City, State, Zip)</th>
<th>Description of Expenditure</th>
<th>Amount or Value</th>
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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.

Expenses incurred in the total sum of $150 or more per day were made for the following persons:

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OFFICE OF THE COUNTY CLERK
COUNTY OF KAUAI
PART II: CONTRIBUTIONS

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), Kaua'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:

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<tr>
<th>Date</th>
<th>Name of Contributor</th>
<th>Mailing Address (Street, City, State, Zip)</th>
<th>Amount or Value</th>
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PART III: SUBJECT AREAS OF LOBBYING

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.

General Plan Update, Water Regulations, & General Excise Tax.

PART IV: AUTHORIZED PERSON

Mark Perriello
Name of Authorized Person (First, Middle, Last)
President & CEO
Title

Signature of Authorized Person
1/22/2018
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.