



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 1st through December 31st of the previous year). NOTE THAT THIS IS A PUBLIC DOCUMENT.

RECEIVED

<i>(Type or Print Clearly)</i>					
NAME	Last	First	Middle		
	PERRIELLO	MARK	L.		
BUSINESS MAILING ADDRESS	Street	City	State	Zip Code	
	PO BOX 1969 LIHUE, HI	96766			
TELEPHONE NO.	E-MAIL				
202-245-7363	MARK@KAUAICHAMBER.ORG				
NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (do not abbreviate)					
KAUAI CHAMBER OF COMMERCE					
BUSINESS MAILING ADDRESS	Street	City	State	Zip Code	
	PO BOX 1969 LIHUE, HI	96766			
BUSINESS TELEPHONE NO.					
202-245-7363					

OFFICE OF
THE COUNTY CLERK
COUNTY OF KAUAI

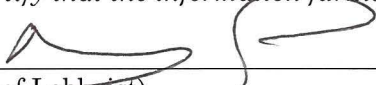
SUBJECT AREAS OF LOBBYING

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

Any items that impact local businesses on the island including administrative, regulatory, or legislative items.

CERTIFICATION OF LOBBYIST

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



(Signature of Lobbyist)

9/12/16
(Date)

AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OF PERSON REPRESENTED				
Lisa-Murphy Allison	CHAIR ELECT				
NAME OF ORGANIZATION (if applicable)	TELEPHONE NO.				
KAUAI CHAMBER OF COMMERCE	202-245-7363				
ADDRESS OF ORGANIZATION OR PERSON	Street	City	State	Zip Code	
PO BOX 1969 LIHUE, HI	96766				

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.


(Signature of Authorizing Officer)

9/13/16
(Date)