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.

STATEMENT YEAR: 2017

						18 JAN 22 P1 :12	,		
DATE OF 1/22/201		NAME OF LOE Mark Perriello				0)114			
	PERSON OR ORGANIZATION	YOU LOBBY FO	OR (Do not abbre	eviate)		OFFICE OF	4		
	namber of Commerce					COUNTY OF KAUA'I			
the second secon	S MAILING ADDRESS	Street	City	State	Zip Code	COUNTY OF KAUA'I			
PO BO	X 1969 Lihue, HI 96766								
	S TELEPHONE NO.								
808-245-7	363	·	***************************************						
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PART I: TO	OTAL EXPENDITURES						-0.1		
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									
Date	Name of Recipient	Mailing Addres	ss (Street, City, State	e, Zip)	Description of Expenditure	3	or Value		
				200.000.0000000000000000000000000000000			The Samuel And Annual A		
			TO THE PERSON NAMED IN COLUMN	and Annual Control of the Control of					
			2, 20.17 (20.000)						
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:									
Date	Name of Recipient	Mailing Addres	ss (Street, City, State	e. Zin)	Description of Expenditure	د	Amount or Value		
			((· F/					

PART II	: CONTRIBUTIONS					
List all con 1987, as an	IBUTIONS RECEIVED tributions received by lobbyist for the purpose of lobbyinended. Attach additional sheet(s) if necessary. his section is not applicable. contributions in the total sum of \$25 or more		the statement period pursuant to Sec. 3-6.5(c)(3), Kaua'i County Co g persons:	de		
Date	Name of Contributor	Mailing Address (Street, City, State	te, Zip) Amount or Value			
		*				
PART II	I: SUBJECT AREAS OF LOBBYING					
	and/or administrative action supported or opposed t, or contract management that was supported or oppos		ude title of bills, resolutions, and/or description of actions, perm	it,		
Genera	I Plan Update, Water Regulations, & G	General Excise Tax.				
10.0	A					
				٦		
PART IX	7: AUTHORIZED PERSON					
Mark	Perriello					
	Authorized Person (First, Middle, Last)		ature of Authorized Person ⁰			
Presi	dent & CEO	1/2	1/22/2018			
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.