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: 2023

	TE OF FILING NAME OF LOBBYIST					RECEIVED	
1/31/24							
	F PERSON OR ORGANIZATION	N YOU LOBBY :	FOR (Do not ab	breviate)			
	hamber of Commerce					24 FFR -2 P2:4	A
	SS MAILING ADDRESS	Street	City	State	Zip Code	24 160 2 12 4	
4268 R	Rice Street, Suite H, Lihւ	ie, HI 96766					
	SS TELEPHONE NO.					UFFICE OF THE DOUNTY CLER	
(808) 245	(808) 245-7363 THE COUNTY CL						K
				rail		COUNTY OF KAUA	1
PART I: T	OTAL EXPENDITURES						
DEDIANO		ED DEDCOM P	ED D 437				
	ITURES OF \$25 OR MORE Plantitures incurred by lobbyist for the purp			n nor day during th	e reporting period Attach as	ditional choot(c) if nococcara	
Dist an expen	acousties incurred by tooby set for the purp	ose of toooying of \$2	o or more per perso	n per day daring in	e reporting period. Attach de	iditional sheet(s) if necessary.	
X This	s section is not applicable.						
Exp	enditures incurred in the total s	sum of \$25 or mo	re per day wer	e made for the f	following persons:		
D-4-	Name of Desiring	N/L :1: .020 A 1.1	(0)	71	D 1911 (D 11)		Amount
Date	Name of Recipient	Mailing Add	ress (Street, City,	State, Zip)	Description of Expenditure	<u>e</u>	or Value
	 						
ESCHENIO	IMILIDES OF \$150 OF MODE	DED DEDGOV	DED DATE				
	ITURES OF \$150 OR MORE Inditures incurred by lobbyist for the purp			on nor day during	the nonenting newied Attach	additional about(a) if a second	
_	iditures incurred by tobbytst for the purp	ose of toodying of \$1	50 or more per pers	on per ady during	ine reporting perioa. Attach (idalitional sheet(s) if hecessary.	
X Thi	s section is not applicable.						
Exp	penditures incurred in the total s	sum of \$150 or m	iore per day we	re made for the	following persons:		
Data	Name of Recipient	7 / a : 12 A A	lress (Street, City,	Chata 77:	Description of Employeditum		Amount or Value
Date	Name of Recipient	Mailing Add	iress (Street, City,	State, Zip)	Description of Expenditur	e	Of value

PART II:	CONTRIBUTIONS					
List all contr 1987, as ame Thi	BUTIONS RECEIVED ributions received by lobbyist for the purpose of lobbying in the total surended. Attach additional sheet(s) if necessary. As section is not applicable.			6.5(c)(3), Kaua'i County Code		
L Coi	ntributions in the total sum of \$25 or more per person we	re received from the fol	llowing persons:			
Date	Name of Contributor	Mailing Address (Street, C	ty, State, Zip)	Amount or Value		
		J.	0			
PART III	: SUBJECT AREAS OF LOBBYING					
	and/or administrative action supported or opposed during the states, or contract management that was supported or opposed.	ment reporting period. Sho	ıll include title of bills, resolutions, and/or d	lescription of actions, permit,		
The Cham	ber did not comment in favor of or against any county legislation in	2023. Dialogue occurred	with elected and appointed officials on the f	ollowing topics:		
HSAC, H	analei Cesspool Conversions, Waipouli Courtyard Affordable	e Apartments, County E	mergency Preparation/Response, Waim	nea 400, Landfill,		
Staffing	Crisis & Affordable Housing, Lihue Water Availab	ility, County Budget	, Kauai Bus Schedule, Hawaii on	the Hill,		
Las Veg	as Chamber of Commerce Summit/Exchange, Wa	ailua Reservoir, Cou	inty Reserves, HTA/KVB Funding	J.		
PART IV	: AUTHORIZED PERSON					
Mark	Louis Perriello		27			
Name of Authorized Person (First, Middle, Last)			Signature of Authorized Person			
Presid	dent & CEO		1/31/24			
Title			Date			

 \boxtimes

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.