

LOBBYIST CONTRIBUTIONS AND EXPENDITURES STATEMENT

RECEIVED

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: JAN 24 P12:28 DATE OF FILING NAME OF LOBBYIST Mark Perriello 1/24/17 NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (Do not abbreviate) THE COUNTY CLERK Kaua'i Chamber of Commerce COUNTY OF KAUA BUSINESS MAILING ADDRESS Street City State Zip Code 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. Expenditures incurred in the total sum of \$25 or more per day were made for the following persons: Amount Date Name of Recipient Mailing Address (Street, City, State, Zip) Description of Expenditure or Value 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: Amount or Value Date Name of Recipient Mailing Address (Street, City, State, Zip) Description of Expenditure

PART II: CONTRIBUTIONS		
1987, as amended. Attach additional sheet(s) if necessary. X This section is not applicable.	of lobbying in the total sum of \$25 or more per person during the statement period per more per person were received from the following persons:	oursuant to Sec. 3-6.5(c)(3), Kaua'i County Code
Date Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value
General Plan Update, Water Regulation	s, General Excise Tax Increase (No. 2610), County Lobby	ing Ordinance (No. 999)
PART IV: AUTHORIZED PERSON		
Mark Perriello Name of Authorized Person (First, Middle, Last President & CEO Title	Signature of Authorize 1/24/17 Date	ed Person
OEDWIEIGAMION B	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.