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OFFICE OF THE CAUNTY OLEAN SOUNTY OF KAUA'I

## 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.

(Type or Print Clearly)					
NAME Last	Fire	st	Middle		
Lum, Lori Ann C.					
BUSINESS MAILING ADDRESS	Street	City	State	Zip Code	
999 Bishop Street, Suite 1250; Honolulu, HI 96813					
TELEPHONE NO.	E-MAIL				
808-544-8300	Ilum@wik.com				
NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (do not abbreviate) Avis Budget Group					
BUSINESS MAILING ADDRESS	Street	City	State	Zip Code	
6 Sylvan Way; Parsippany, NJ 07	054				
BUSINESS TELEPHONE NO.					
973-496-3532					
	D IDOM ADDAG	N I OPPIN	wa		
SUBJECT AREAS OF LOBBYING (Bill/Resolution Number(s), Agenda Item(s), and/or Topic(s))					
Bill 2828					
Dill 2020		· · · · · · · · · · · · · · · · · · ·	* · · · · · · · · · · · · · · · · · · ·		
			TOTAL		
CERTIFICATION OF LOBBYIST					
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
Mi lin l Alum 8/19/21					
(Signature of Lobbyist)		(Date)	(Date)		
AUTHORIZATION TO LOBBY					
			FICER OF PERSON	N REPRESENTED	
	/ice President, Gov	emment Affa	irs		
NAME OF ORGANIZATION (if applicab Avis Budget Group	le)		TELEPHON 973-496-353		
ADDRESS OF ORGANIZATION OR PE	RSON Street	City	State Zip C		
6 Sylvan Way; Parsippany, NJ 07054		_		oue	
I hereby authorize the above-named person to engag	e in lobbying activities	on behalf of the	undersighed.		
Chit the			8/25/21		
(Signature of Authorizing Officer)		(Date)			
06/24/16	******				