## 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: 2018

DATE OF		NAME OF LOBBYIST			C	orner	VE 17	
	November 2, 2018 Chad Deal RECEIVED							
	PERSON OR ORGANIZATION	YOU LOBBY FOR (Do not ab	breviate)					
	oard of Realtors							***************************************
	S MAILING ADDRESS	Street City	State	Zip Code	18	NOV -2	P12:02	
4359 K	ukui Grove St. Suite 103	Lihue, HI 96766						
	S TELEPHONE NO.							
808 245-4	049		***************************************		Til	OFFICE	1 14 1 100 20 1 5	
					nn	LUUNTT <del>UNTY OF</del>	KAUAT	•
PART I: TO	OTAL EXPENDITURES				VO	DINI I DI	IIAUMI	
List all expend	FURES OF \$25 OR MORE PER litures incurred by lobbyist for the purpose section is not applicable. enditures incurred in the total sur	of lobbying of \$25 or more per person			ddition	al sheet(s) if i	necessary.	Amount
Date	Name of Recipient	Mailing Address (Street, City, S	State, Zip)	Description of Expenditu	re			or Value
					······································			
					***************************************			
List all expend	TURES OF \$150 OR MORE PE litures incurred by lobbyist for the purpose section is not applicable. anditures incurred in the total sur	e of lobbying of \$150 or more per perso			additio	nal sheet(s) ij	<sup>f</sup> necessary.	Amount
Date	Name of Recipient	Mailing Address (Street, City, S	State, Zip)	Description of Expenditur	re			or Value
						·····	***************************************	
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PART II: CONTRIBUTIONS						
CONTRIBUTIONS RECEIVED List all contributions received by lobbyist for 1987, as amended. Attach additional sheet(  This section is not applicable Contributions in the total su	s) if necessary.			3-6.5(c)(3), Kaua'i County Code		
Date Name of Contributor		Mailing Address (Street, City, State, Zip	)	Amount or Value		
-						
				1		
PART III: SUBJECT AREAS OF		nent reporting period. Shall include ti	tle of bills, resolutions, and/or	description of actions, permit,		
procurement, or contract management that t						
Real Property Issues						
			49-44-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4			
			Hashing to the state of the sta			
		19 19 19 19 19 19 19 19 19 19 19 19 19 1				
PART IV: AUTHORIZED PERS	ANY					
FARTIV: AUTHORIZED PERS	JN					
Chad Deal						
Name of Authorized Person (First,	Middle, Last)	- /	of Authorized Person	*		
GAD	Nove	November 2, 2018				
Title	Aparagona and a serior	Date		A CONTRACTOR OF THE STATE OF TH		

X

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.