

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

		NAME OF LOBE				
DATE OF I						
January 4,						
	PERSON OR ORGANIZATION ource Partnership	A AOO TORRA LO	R (Do not abbreviate)			RECEIVE
	MAILING ADDRESS	Street	City Stat	e Zip Code		
			City Stat	e Zip Code		
	tea Street, 4th Floor Honolu	ш, пі 90013				24 JAN -8 P
808-528-55	TELEPHONE NO.					, OHEV 0 ,
				<u>.</u>		
	TAL EXPENDITURES	<u> </u>				THE CAMPTON
PART 1: 10	TAL EXPENDITURES					THE COUNTY CO
, votakinim	URES OF \$25 OR MORE PE	DEBEON DED	DAV			चराच्यास्तर ६ ६४६ ∦१००
ist all ernendi	tures incurred by lobbyist for the purpo	se of lobbying of \$25 or	more per person per dav du	ring the reporting period. At	tach additional sheet(s) if necessary.	
nsi an expension	tures incurred by toobytst for the purpe	30 0/ 1000/110g 0/ 420 01	more per percent per day and	, 8		
X This s	section is not applicable.					
	nditures incurred in the total si	am of \$25 or more p	oer day were made for	the following persons:	:	
						Amount
Date N	Name of Recipient	Mailing Address	(Street, City, State, Zip)	Description of Expe	enditure	or Value
			-			
~				-		
	····					
						
	URES OF \$150 OR MORE P					
List all expendi	tures incurred by lobbyist for the purpo	se of lobbying of \$150 or	r more per person per day d	uring the reporting period. A	Attach additional sheet(s) if necessary	
X This s	section is not applicable.					
	section is not applicable. Inditures incurred in the total s	um of \$150 or more	nov dou woro mado f	or the following nerson	g.	
Exper	iditures incurred in the total s	am or \$150 or more	per day were made i	or the following person	D.	Amount
Date 1	Name of Recipient	Mailing Address	(Street, City, State, Zip)	Description of Expe	enditure	or Value
	-					-
1						

PART II:	CONTRIBUTIONS					
CONTRIE List all contri 1987, as ame	BUTIONS RECEIVED Sibutions received by lobbyist for the purpose of lobbying in the total anded. Attach additional sheet(s) if necessary Se section is not applicable. tributions in the total sum of \$25 or more per person			3-6.5(c)(3), Kaua'i County Code		
Date	Name of Contributor	Mailing Address (Street, City, State, Zip)	_	Amount or Value		
5/23-9/23	Pacific Resource Partnership	1100 Alakea Street, 4th Floor, Ho	nolulu, HI 96813	1,185.36		
Support R	nd/or administrative action supported or opposed during the stoor contract management that was supported or opposed. eso 2023-44 - Urging State BLNR to consider Public A	ccess, Uses, and Purpose for State pa	•	description of actions, permit,		
Filed Petit	ion to Intervene at Planning commission - received hea	ring				
Sought Pe	etition for Declaratory Order on whether HPM was in vio	olation with State laws - peition denied				
PART IV:	AUTHORIZED PERSON					
Christo	pher M Delaunay		Ch Dely			
Vame of A	uthorized Person (First, Middle, Last)	Signature	Signature of Authorized Person			
Goverr	ment Relations Manager	Januar	January 4, 2024			
litle		Date	<u> </u>			

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.

06/24/16