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LOBBYIST REGISTRATION STATEMENT COUNTY CLERK

You must file this statement with the Office of the County Clerk if you are an individual who fon play 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 Pr	int Clearly)				
NAME	Last Delaunay	_	^{Tirst} Christopher	Middle M.			
BUSINESS	MAILING ADDRESS	Street	City	State	Zip Code		
1100 Alak	ea Street, 4th Floor		Honolulu		96813		
TELEPHON 808-528-5	No. of the second	E-MAIL cdelaunay@	E-MAIL cdelaunay@prp-hawaii.com				
	PERSON OR ORGANIZATI source Partnership	ON YOU LOBBY	Y FOR (do not abb	reviate)			
BUSINESS MAILING ADDRESS 1100 Alakea Street, 4th Floor		Street	City Honolulu	State HI	Zip Code 96813		
BUSINESS 808-528-5	TELEPHONE NO. 557						

SUBJECT AREAS OF LOBBYING (Bill/Resolution Number(s), Agenda Item(s), and/or Topic(s))	
Construction, health, housing, labor, employment, planning, land & water use management, transportation	

CERTIFICATION OF LOBBYIST								
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.								
Ch Delry	9/8/16							
(Signature of Lobbyist)	(Date)							

	AUTHOI	RIZATION	TO LOBBY	Y		
NAME John White TITLE OF AUTHORIZING OFFICER OF PERSON REPRESENTED Executive Director						
NAME OF ORGANIZATION (if applic Pacific Resource Partnership		TELEPHONE NO. 808-528-5557				
			City Honolulu	State	e Zip Code 96813	
I hereby authorize the above-named person to en	gage in lobby	ing activities	on behalf of the	undersig	gned.	
			9/8/16			
(Signature of Authorizing Officer)			(Date)			
06/24/10						