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: 2022

DATE OF FILIN 12/13/22	٧G	NAME OF LOBBYIST Christopher Delaunay					en la de la constitución de la c
NAME OF PER	SON OR ORGANIZATION	YOU LOBBY	FOR (Do not abb	reviate)			-
Pacific Resou	rce Partnership			ŕ		****	D 4 -00
BUSINESS MA	ILING ADDRESS	Street	City	State	Zip Code	*22 DEC 13	74.22
1100 Alakea	a Street, 4th Floor, I	Honolulu, Ha	awaii 96813		-		
BUSINESS TEI						 1::101.0	T.
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						SOUNTY OF K	
PART I: TOTAL	EXPENDITURES						
List all expenditures in This section Expenditures	ES OF \$25 OR MORE PE incurred by lobbyist for the purpo on is not applicable. The incurred in the total suggestions are incurred in the total suggestions.	se of lobbying of \$25 um of \$25 or mo	5 or more per person p re per day were 1	made for the fo	ollowing persons:	(),	Amount
Date Name of	of Recipient	Mailing Addi	ress (Street, City, Sta	ate, Zip)	Description of Expenditure		or Value
List all expenditures i This section	ES OF \$150 OR MORE Princurred by lobbyist for the purpoon is not applicable. res incurred in the total su	se of lobbying of \$15 um of \$150 or m	50 or more per person ore per day were	made for the		dditional sheet(s) if necessary.	Amount
Date Name of	of Recipient	Mailing Add	ress (Street, City, Sta	ate, Zip)	Description of Expenditure		or Value
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PART II:	CONTRIBUTIONS				
List all cont 1987, as am	ended. Attach additional sheet(s) if necessary. is section is not applicable.	n the total sum of \$25 or more per person during the statement period pursuant to Sec. 3 person were received from the following persons:	-6.5(c)(3), Kaua'i County Code		
Date	Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value		
5/22-11/22	Pacific Resource Partnership	1100 Alakea Street, 4th Floor, Honolulu, HI 96813	1,054.17		
Support	t, or contract management that was supported or opposed. ded Kauai Council Bill 2873 Relating to B	ing the statement reporting period. Shall include title of bills, resolutions, and/or of uilding and Construction Regulations ass IV Zoning Permit for real property TMK (4)2-9-001:001 at the Kauai County Pla			
PART IV	: AUTHORIZED PERSON				
Name of A	topher Michael Delaunay Authorized Person (First, Middle, Last) rnment Relations Manager	Signature of Authorized Person	Chris Delaunay Signature of Authorized Person 12/13/2022 Date		

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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.