

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: 2021

					RI	- (- 1)	VED	
DATE OF 01/12/202		NAME OF LOBBYIST Sara S. T. Strona	*				To 1000 Road	
NAME O	F PERSON OR ORGANIZATION	YOU LOBBY FOR (Do not ab	breviate)		200	1611 40	22.44	
Princeville	e at Hanalei Community Associat	on			*22	JAN 12	P3:46	
BUSINES	SS MAILING ADDRESS	Street City	State	Zip Code				
733 Bish	nop Street, Suite 1900, Honol	ulu, HI 96813				(生物)种头面。***	P. 25	
BUSINES	SS TELEPHONE NO.				TEST	YTAUK	C) DOM	
(808) 537	-6100				ani n	VTY AF	K V-HV-1	
						** + ++ + ;	HON I	
PART I: T	OTAL EXPENDITURES							
	s section is not applicable. enditures incurred in the total s Name of Recipient	um of \$25 or more per day were Mailing Address (Street, City, S		following persons:	ture			Amount or Value
Date	Name of Recipient	Maming Address (Street, City, S	tate, Zip)	Description of Expendit	luie			OI VAIGE
					×			
					W. Comments and the second			
List all expen	TURES OF \$150 OR MORE Paditures incurred by lobbyist for the purposes section is not applicable.	se of lobbying of \$150 or more per perso			ch additional :	sheet(s) if n	ecessary.	Amount
Date	Name of Recipient	Mailing Address (Street, City, S	State Zin)	Description of Expendi	ture			or Value
Date	Ivame of frecipient	Training Trainess (Oursell, Orby, C	rouve, zip)	200011piloti of Experior	valo			T
			11.00					-
I	1			1				1

PART II: CONTRIBUTIONS						
1987, as amended. Attach additional sheet(s) if This section is not applicable.	necessary.	25 or more per person during the statement period ceived from the following persons:	d pursuant to Sec. 3-6.5(c)(3), Kaua'i County Code			
Date Name of Contributor	Maili	ing Address (Street, City, State, Zip)	Amount or Value			
	-					
PART III: SUBJECT AREAS OF LO	BBYING					
Legislative and/or administrative action supp procurement, or contract management that was s		reporting period. Shall include title of bills, re	solutions, and/or description of actions, permit			
Bill No. 2822 / Bill No. 2838						
SOF-XI Kauai PV Golf, L.P.'s application	for a Project Development Use Permi	it, Use Permit, and Class IV Zoning Permit fo	or TMK Nos. (4) 5-4-006:003, 005, and 006			
	N. 000 I		N A			
· · · · · · · · · · · · · · · · · · ·		torney's fees protected by the attorney-c	lient privilege.			
(Hawaii Rules of Professional Conduct	., Rule 1.6)					
PART IV: AUTHORIZED PERSON		•				
Sara S. T. Strona		25				
Name of Authorized Person (First, Mic	ldle, Last)	Signature of Authori	Signature of Authorized Person			
Attorney		01/12/2022	01/12/2022			
Title		Date				

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.