STARN.O'TOOLE.MARCUS & FISHER

A LAW CORPORATION

RECEIVED

December 12, 2022

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VIA E-MAIL: cokcouncil@kauai.gov

Office of the County Clerk Council Services Division 4396 Rice Street, Suite 209 Lihue, HI 96766 FARICE OF THE COUNTY CLERK COUNTY OF KADAT

Re:

Lobbyist Name: Sara S. T. Strona

Organization Lobbying for: Princeville at Hanalei Community Association

TERMINATION OF LOBBYIST REGISTRATION

Dear County Clerk:

This is to notify your office that I am terminating my lobbyist registration for Princeville at Hanalei Community Association effective immediately. I have enclosed my Lobbyist Registration Statement dated June 23, 2021 for your reference. Per your request, I have also enclosed my Lobbyist Contributions and Expenditures Statement for 2022.

Should you have any questions regarding the above, please contact me at (808) 537-6100 or sstrona@starnlaw.com.

Sincerely,

Sara S. T. Strona

Encls.



LOBBYIST REGISTRATION STATEMENT

You must file this statement with the Office of the County Clerk if you are an individual who for pay 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 Prin	t Clearly)		Sa.		
NAME Last	Fir	rst	Middle	•		
Strona, Sara S. T.	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			
BUSINESS MAILING ADDRESS	Street	City	State	Zip Code		
733 Bishop Street, Suite 1900, Honolulu	, HI 96813			···		
TELEPHONE NO.	E-MAIL					
(808) 537-6100	sstrona@starn					
NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (do not abbreviate) Princeville at Hanalei Community Association						
BUSINESS MAILING ADDRESS P.O. Box 223277, Princeville, HI 96722	Street	City	State	Zip Code		
BUSINESS TELEPHONE NO. (808) 826-6687						
(000) 020-0001						
Si	BJECT AREAS	OF LOBBYI	VG			
	n Number(s), Age					
(1) Bill No. 2822 (Kaua'i County Council);	and		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
(2) SOF-XI KAUAI PV GOLF, L.P.'s application for a Project Development Use Permit, Use Permit, and Class IV						
Zoning Permit concerning property locate	d at Princeville an	d Hanalei, Hali	alea, Kaua'i, Hawa	al'i,		
identified by TMK Nos. (4) 5-4-006:003,00	05 and 006 (Kaua	i Planning Dep	artment / Kaua'i P	Planning Commission).		
	ERTIFICATION					
I hereby certify that the information furr	iisnea above is, to	the best of my	()	ct ana complete.		
- Sasa			6/23/2021			
(Signature of Lobbyist)		(Date)				
<u> </u>				<u> Parago</u> gian <u>Caranda de la companya del companya dela companya de la companya d</u>		
AUTHORIZATION TO LOBBY						
	TITLE OF AUTH General Manager	ORIZING OF	FICER OF PERSO	ON REPRESENTED		
NAME OF ORGANIZATION (if applical Princeville at Hanalei Community Association			TELEPHO (808) 826-6			
ADDRESS OF ORGANIZATION OR PE P.O. Box 223277, Princeville, HI 96722	RSON Street	City	State Zip	Code		
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.						
			6/21/20	221		
(Signature of Authorizing Officer)		(Date)				
06/24/16				 		

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		NAME OF LOBBYIST				
12/12/202	2	Sara S. T. Strona				
	FPERSON OR ORGANIZATION		OR (Do not abb	reviate)		
Princeville at Hanalei Community Association						
BUSINES	S MAILING ADDRESS	Street	City	State	Zip Code	
733 Bishop Street, Suite 1900, Honolulu, HI 96813						
BUSINES	S TELEPHONE NO.					
(808) 537-	6100					
PART I: T	OTAL EXPENDITURES					
	TURES OF \$25 OR MORE PE					
List all expend	ditures incurred by lobbyist for the purpos	e of lobbying of \$25	or more per person	per day during th	ne reporting period. Attach additional sheet(s) if neces	sary.
X This	section is not applicable.					
arran man	enditures incurred in the total su	m of \$25 or mor	e per dav were	made for the	following persons:	
	A					Amount
Date	Name of Recipient	Mailing Addre	ess (Street, City, St	ate, Zip)	Description of Expenditure	or Value
	TURES OF \$150 OR MORE P			a non dow duning	the reporting period. Attach additional sheet(s) if nece	acaami
	utures incurred by tobbytst for the purpos	e of toooyung of \$130	or more per persor	i per auy auring	me reporting period. Attach additional sheet(s) if nece	:ssary.
X This	s section is not applicable.					
Exp	enditures incurred in the total su	m of \$150 or mo	re per day were	e made for the	e following persons:	
T	NT CTO '. '	NG-212 A 3 3	(Ctt Cit. Ct		Description of Expenditure	Amount or Value
Date	Name of Recipient	Mailing Addr	ess (Street, City, St	ate, <i>L</i> ip)	Description of Expenditure	- VI Value
				······································		

PART II: CONTRIBUTIONS		
1987, as amended. Attach additional sheet(s) if ne This section is not applicable.	ourpose of lobbying in the total sum of \$25 or more per person during the stateme eccessary. \$25 or more per person were received from the following persons	
Date Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value
L		
PART III: SUBJECT AREAS OF LOP	BRYING	***************************************
Legislative and/or administrative action suppor procurement, or contract management that was sup N/A	rted or opposed during the statement reporting period. Shall include title of apported or opposed.	bills, resolutions, and/or description of actions, permit
		•
PART IV: AUTHORIZED PERSON		
Sara S. T. Strona	Sz	Sta
Name of Authorized Person (First, Midd	lle, Last) Signature of A	Authorized Person
Attorney	12/12/202	2
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.