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.

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2020 STATEMENT YEAR:_

| 1/6/2021 | CONTRACTOR | NAME OF LOBBYIST Christopher Delaunay | | | | (|
|--|---|--|--------------------|-----------------------------|-------------------------------------|--------------------|
| NAME OF PERSON OR ORGANIZATE Pacific Resource Partnership | | | obreviate) | | COUNTY OF KAUA' | |
| BUSINESS MAILING ADDRESS | Street | City | State | Zip Code | | |
| 1100 Alakea Street 4th Floor, Hono | olulu, Hawaii 968 | 313 | | | | |
| BUSINESS TELEPHONE NO. (808) 528-5557 | | | | | | |
| PART I: TOTAL EXPENDITURES | | | | | | |
| EXPENDITURES OF \$25 OR MORE List all expenditures incurred by lobbyist for the put This section is not applicable. Expenditures incurred in the total | urpose of lobbying of \$2 | ?5 or more per perso | | | additional sheet(s) if necessary. | |
| Date Name of Recipient | Mailing Add | dress (Street, City, | State, Zip) | Description of Expendit | ure | Amount or Value |
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| EXPENDITURES OF \$150 OR MORI | | | son per day during | the reporting period. Attac | h additional sheet(s) if necessary. | |
| List all expenditures incurred by lobbyist for the pr | | | son per day during | the reporting period. Attac | h additional sheet(s) if necessary. | |
| List all expenditures incurred by lobbyist for the partial of the | urpose of lobbying of \$1 | 150 or more per pers | | | h additional sheet(s) if necessary. | |
| List all expenditures incurred by lobbyist for the partial that the property of the partial that the property of the partial that the partial that the property of the partial that the partial t | urpose of lobbying of \$1 $ m l$ 1 sum of \$1 $ m 50$ or n | 50 or more per pers | ere made for the | e following persons: | | Amount |
| List all expenditures incurred by lobbyist for the partial of the | urpose of lobbying of \$1 $ m l$ 1 sum of \$1 $ m 50$ or n | 150 or more per pers | ere made for the | | | Amount |
| List all expenditures incurred by lobbyist for the partial that the property of the partial that the property of the partial that the partial that the property of the partial that the partial t | urpose of lobbying of \$1 $ m l$ 1 sum of \$1 $ m 50$ or n | 50 or more per pers | ere made for the | e following persons: | | |
| List all expenditures incurred by lobbyist for the partial that the property of the partial that the property of the partial that the partial that the property of the partial that the partial t | urpose of lobbying of \$1 $ m l$ 1 sum of \$1 $ m 50$ or n | 50 or more per pers | ere made for the | e following persons: | | |
| List all expenditures incurred by lobbyist for the partial that the property of the partial that the property of the partial that the partial that the property of the partial that the partial t | urpose of lobbying of \$1 $ m l$ 1 sum of \$1 $ m 50$ or n | 50 or more per pers | ere made for the | e following persons: | | |

| PART II: CONTRIBUTIONS | | | | |
|---|--------------------------------------|--|--|--|
| CONTRIBUTIONS RECEIVED List all contributions received by lobbyist for the purpose of lobbying 1987, as amended. Attach additional sheet(s) if necessary. This section is not applicable. Contributions in the total sum of \$25 or more per | | | | |
| Date Name of Contributor | Mailing Address (Street, City, State | e, Zip) Amount or Value | | |
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| PART III: SUBJECT AREAS OF LOBBYING | | | | |
| Legislative and/or administrative action supported or opposed du procurement, or contract management that was supported or opposed | | de title of bills, resolutions, and/or description of actions, permit, | | |
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| PART IV: AUTHORIZED PERSON | | | | |
| Christopher Delaunay | | Chris Delaunay | | |
| Name of Authorized Person (First, Middle, Last) | | Signature of Authorized Person | | |
| Government Relations Manager | 1/6/ | 1/6/2021 | | |
| 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.