LOBBYIST CONTRIBUTIONS AND EXPENDITURES STATEMENT

RECEVED

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.

2022 STATEMENT YEAR: JAN -9 A10:02 NAME OF LOBBYIST DATE OF FILING January 6, 2023 MICHAEL J. BELLES NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (Do not abbreviate) GOUNTY OF KAGAT HAWAII ELECTRICIAN'S MARKET ENHANCEMENT PROGRAM BUSINESS MAILING ADDRESS Zip Code Street State City 3135 Akahi Street, Suite A, Lihue, Kauai, Hawaii 96766 BUSINESS TELEPHONE NO. (808) 246-6961 PART I: TOTAL EXPENDITURES EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY List all expenditures incurred by lobbyist for the purpose of lobbying of \$25 or more per person per day during the reporting period. Attach additional sheet(s) if necessary. This section is not applicable. Expenditures incurred in the total sum of \$25 or more per day were made for the following persons: Amount Date Name of Recipient Mailing Address (Street, City, State, Zip) Description of Expenditure or Value EXPENDITURES OF \$150 OR MORE PER PERSON PER DAY List all expenditures incurred by lobbyist for the purpose of lobbying of \$150 or more per person per day during the reporting period. Attach additional sheet(s) if necessary. This section is not applicable. Expenditures incurred in the total sum of \$150 or more per day were made for the following persons: Amount or Value Date Name of Recipient Mailing Address (Street, City, State, Zip) Description of Expenditure

PART II: CONT	RIBUTIONS		
		ying in the total sum of \$25 or more per person during the statement pe	riod pursuant to Sec. 3-6.5(c)(3), Kaua'i County Code
	n is not applicable. ons in the total sum of \$25 or more	e per person were received from the following persons:	
Date Name o	of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value
	•		
			•
PART III: SUBJ	ECT AREAS OF LOBBYING		
	dministrative action supported or opposed act management that was supported or oppo	d during the statement reporting period. Shall include title of bills, osed.	resolutions, and/or description of actions, permit,
KAUAI COUNTY	CODE AMENDMENTS		
Note: The term "	Expenditures" in Ordinance No. 99	9 does not include attorney's fees protected by the attorney	y-client privilege.
(Hawaii Rı	ules of Professional Conduct, Rule	1.6)	
			
PART IV: AUTH	ORIZED PERSON		
Michael J. E	Selles		0000
	ed Person (First, Middle, Last)	Signature of Author	prized Person
Attorney	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1/6	
Title		Date	125
			

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.