## LOBBYIST CONTRIBUTIONS AND EXPENDITURES STATEMENT

The reporting period is from January 1<sup>st</sup> through December 31<sup>st</sup> of the previous year.

This statement shall be filed on or before January 31<sup>st</sup> of each year. NOTE THAT THIS IS A PUBLIC DOCUMENT.

STATEMENT YEAR: 2021

DITTENT				hand here had been 1.5 1 home.	m
1	F FILING /2022	NAME OF LOBBYIST MICHAEL J. BELLES		Peror Ve	
NAME O	F PERSON OR ORGANIZATIO	N YOU LOBBY FOR (Do not abbrev	iate)		
	RINCEVILLE DEVELOPMENT CO		,	*22 JAN -6 P3	:03
BUSINE	SS MAILING ADDRESS	Street City	State Zip Code	ZZ UNIV O 1 J	•••
4334 Ri	ce Street, Suite 202, Lihue, k	Kauai, Hawaii 96766	-		
	SS TELEPHONE NO.			Craition	
(808) 246	THE COURT A OF	N#(			
				SOUNTT UT KAU	AI
PART I: 7	TOTAL EXPENDITURES				
	s section is not applicable. penditures incurred in the total s Name of Recipient	sum of \$25 or more per day were mad Mailing Address (Street, City, State, '			Amount or Value
List all expen	s section is not applicable.	PER PERSON PER DAY cose of lobbying of \$150 or more per person per			
L DAL	behaltures incurred in the total s	sum of \$150 of more per day were ma	ide for the following person	5.	Amount
Date	Name of Recipient	Mailing Address (Street, City, State,	Zip) Description of Expe	enditure	or Value
				The second secon	
1			-		

PART II: CONTRIBUTIONS			
1987, as amended. Attach additional sheet(s)  This section is not applicable.	if necessary.	f \$25 or more per person during the statement period received from the following persons:	d pursuant to Sec. 3-6.5(c)(3), Kaua'i County Code
Date Name of Contributor	Ma	ailing Address (Street, City, State, Zip)	Amount or Value
•			
PART III: SUBJECT AREAS OF I	OBBYING		
Legislative and/or administrative action supprocurement, or contract management that wa		t reporting period. Shall include title of bills, re	esolutions, and/or description of actions, permit
GENERAL PLAN UPDATE (BILL NO	). 2666)		
Note: The term "Expenditures" in Or	dinance No. 999 does not include	attorney's fees protected by the attorney-o	client privilege.
(Hawaii Rules of Professional	Conduct, Rule 1.6)		
PART IV: AUTHORIZED PERSO	N		
Michael J. Belles			100.
Name of Authorized Person (First, M	iddle, Last)	Signature of Authori	ized Person
Attorney		1/4/20	
Title		Date	
CEPTIFICATION: By chooking	ng this how or signing your name	on this Statement you cortify and affir	m that you are the nerson where name

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.