

22 JAN 19 P2:40

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			*		74° 3.1 E**	CTEISE OF
DATE OF FILING 01/19/2022		NAME OF LO			,	800	NTY OF KAU
NAME OF PERSON TOWER KAUAI LAG	OR ORGANIZATION Y OONS, LLC	OU LOBBY F	OR (Do not abbr	eviate)			
BUSINESS MAILING		Street	City	State	Zip Code		
	Suite 202, Lihue, Kau	ai, Hawaii 96	766				
BUSINESS TELEPH (808) 246-6961	ONE NO.		_				
PART I: TOTAL EXF	PENDITURES						
Security industrial and a second security of the second section of the second section of the second section of the second section sect	F \$25 OR MORE PER			or day during the	reporting period. Attach addition	nal chaot(c) if nacaccary	
X This section is r						that discovery in the constant.	Amount
Date Name of Reci	pient	Mailing Addre	ess (Street, City, Stat	e, Zip)	Description of Expenditure		or Value
A							
	·		****				
	F \$150 OR MORE PEI d by lobbyist for the purpose			per day during th	e reporting period. Attach additi	onal sheet(s) if necessary.	
This section is r Expenditures in	not applicable. acurred in the total sum	of \$150 or mo	re per day were :	made for the f	ollowing persons:		
Date Name of Reci			ess (Street, City, Stat		Description of Expenditure		Amount or Value
Traine of feet	F	Training Tradite	Service, Orly, Stat	o, aip/	2 2221 priori or Dapenurours		

		l.			1		

PART II: CONTRIBUTIONS		
1987, as amended. Attach additional sheet(s) if necessary. This section is not applicable.	bbying in the total sum of \$25 or more per person during the statement period p	oursuant to Sec. 3-6.5(c)(3), Kaua'i County Code
	ore per person were received from the following persons:	4 77 1
Date Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value
PART III: SUBJECT AREAS OF LOBBYING		
procurement, or contract management that was supported or op	osed during the statement reporting period. Shall include title of bills, resol pposed.	lutions, and/or description of actions, permit,
BILL NO. 2831		
Note: The term "Expenditures" in Ordinance No. 9	999 does not include attorney's fees protected by the attorney-clie	ent privilege.
(Hawaii Rules of Professional Conduct, Rule		
PART IV: AUTHORIZED PERSON		
Michael J. Belles		
Name of Authorized Person (First, Middle, Last)	Signature of Authorize	ed Person
Attorney	1/1/22	
Title Title	Date	
CERTIFICATION: By checking this box of	or signing your name on this Statement, you certify and affirm	that you are the person whose name

'22 JAN 19 P2:40

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			OFFICE OF
DATE OF FILING	NAME OF LOBBYIST		COUNTY OF KATA
01/19/2022	MICHAEL J. BELLES		
NAME OF PERSON OR ORGANIZATIO TOWER KAUAI LAGOONS LAND, LLC			
BUSINESS MAILING ADDRESS	Street City State	Zip Code	
4334 Rice Street, Suite 202, Lihue, h	Kauai, Hawaii 96766		
BUSINESS TELEPHONE NO. (808) 246-6961			
PART I: TOTAL EXPENDITURES			
		the reporting period. Attach additional sheet(s) if necessary	<i>i</i> .
This section is not applicable. Expenditures incurred in the total	sum of \$25 or more per day were made for the	e following persons:	Amount
Date Name of Recipient	Mailing Address (Street, City, State, Zip)	Description of Expenditure	or Value
EXPENDITURES OF \$150 OR MORE I List all expenditures incurred by lobbyist for the purp		g the reporting period. Attach additional sheet(s) if necessa	ry.
This section is not applicable. Expenditures incurred in the total s	sum of \$150 or more per day were made for the	ne following persons:	
Date Name of Recipient	Mailing Address (Street, City, State, Zip)	Description of Expenditure	Amount or Value
Titallo of Isovapanio	and the state of t	2 COVER SEA OF BEINDAMAN	
		4	
1			

PART I	I: CONTRIBUTIONS		
List all cor 1987, as ar	nended. Attach additional sheet(s) if necessary. his section is not applicable.	in the total sum of \$25 or more per person during the statement period per person were received from the following persons:	ursuant to Sec. 3-6.5(c)(3), Kaua'i County Code
Date	Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value
PART I	II: SUBJECT AREAS OF LOBBYING		
	and/or administrative action supported or opposed du nt, or contract management that was supported or opposed.	ring the statement reporting period. Shall include title of bills, resol	utions, and/or description of actions, permit,
BILL NO	D. 2831		
		832	
Note: T	he term "Expenditures" in Ordinance No. 999 d	oes not include attorney's fees protected by the attorney-clie	ent privilege.
(H	Hawaii Rules of Professional Conduct, Rule 1.6)		
PART I	V: AUTHORIZED PERSON		
Micha	ael J. Belles	4 (0)	
	Authorized Person (First, Middle, Last)	Signature of Authorize	d Person
Attorr		1/6/2	
Title		Date	

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.

22 JAN 19 P2:40

STATEMENT YEAR: 2021

							OF THE BOY
DATE OF 01/19/		NAME OF LO					HE COUNTY OF KA
	PERSON OR ORGANIZATION	The second secon	1777	hbreviate)			
	AUAI LAGOONS 8, LLC		010 (20 1200 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
BUSINES	S MAILING ADDRESS	Street	City	State	Zip Code		
4334 Ric	e Street, Suite 202, Lihue, Ka	auai, Hawaii 96	766				1 1 1 1 K
	S TELEPHONE NO.	- CONTROL OF THE CONT		400000			
(808) 246-6	6961						
PART I. TO	OTAL EXPENDITURES				1.0		
ли 1. 10	STAL EXI ENDITORES			Section and the section and th			
XPENDIT	TURES OF \$25 OR MORE PE	R PERSON PE	R DAY				
	itures incurred by lobbyist for the purpos			on per day during th	e reporting period. Attach add	itional sheet(s) if necessary.	
□ m:							
	section is not applicable. Inditures incurred in the total su	m of the on mon	d	o mada fou tha	Callarring navagana		
Expe	maitures incurred in the total st	ım or \$25 or mor	e per day wer	e made for the	onowing persons:		Amount
ate	Name of Recipient	Mailing Addre	ess (Street, City,	State, Zip)	Description of Expenditure	The second secon	or Value
						200	
VDENDIT	TURES OF \$150 OR MORE P	ED DEDSON D	FP DAY				
	itures incurred by lobbyist for the purpos			son per day during	the reporting period. Attach add	ditional sheet(s) if necessary	
						.,,	
	section is not applicable. Inditures incurred in the total su	of @150 on		us us de fou the	following nousens.		
L Expe	martures incurred in the total st	im or \$190 or mo	re per day we	ere made for the	ionowing persons:		Amount
ate	Name of Recipient	Mailing Addre	ess (Street, City,	State, Zip)	Description of Expenditure		or Value

PART I	I: CONTRIBUTIONS		
List all cor 1987, as ar	mended. Attach additional sheet(s) if necessary. his section is not applicable.	n the total sum of \$25 or more per person during the statement period properties of the properties of the total sum of \$25 or more per person during the statement period properties of the total sum of \$25 or more per person during the statement period properties of the total sum of \$25 or more per person during the statement period properties of the total sum of \$25 or more per person during the statement period properties of the total sum of \$25 or more per person during the statement period properties of the total sum of \$25 or more per person during the statement period properties of the total sum of \$25 or more per person during the statement period properties of the total sum of \$25 or more per person during the statement period properties of the total sum of \$25 or more per person during the statement period properties of the total sum of \$25 or more per person during the statement period properties of the total sum of \$25 or more per person were persons.	ursuant to Sec. 3-6.5(c)(3), Kaua'i County Code
Date	Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value
PART I	II: SUBJECT AREAS OF LOBBYING		
Legislative procureme	and/or administrative action supported or opposed during or contract management that was supported or opposed.	ng the statement reporting period. Shall include title of bills, resolu	utions, and/or description of actions, permit,
BILL NO	D. 2831		
Note: T	he term "Expenditures" in Ordinance No. 999 doe	es not include attorney's fees protected by the attorney-clie	nt privilege.
(۱	Hawaii Rules of Professional Conduct, Rule 1.6)		
PART I	V: AUTHORIZED PERSON		
Micha	ael J. Belles		
Name of	Authorized Person (First, Middle, Last)	Signature of Authorized	d Person
Attorr	ney		
Title		Date	
5 7			

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.

°22 JAN 19 P2:4(

STATEMENT YEAR: 2021			THE
DATE OF FILING 01/19/2022	NAME OF LOBBYIST MICHAEL J. BELLES		COUNT
NAME OF PERSON OR ORGANIZATION 2014 KAUAI LAGOONS GOLF, LLC	ON YOU LOBBY FOR (Do not abbreviate)		
BUSINESS MAILING ADDRESS 4334 Rice Street, Suite 202, Lihue,	Street City State Kauai, Hawaii 96766	Zip Code	
BUSINESS TELEPHONE NO. (808) 246-6961			
PART I: TOTAL EXPENDITURES			
EXPENDITURES OF \$25 OR MORE I List all expenditures incurred by lobbyist for the pur		ing the reporting period. Attach additional sheet(s) if n	ecessary.
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 List all expenditures incurred by lobbyist for the pur		ring 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 fo	r the following persons:	
Date Name of Recipient	Mailing Address (Street, City, State, Zip)	Description of Expenditure	Amount or Value
I i			

PART II: CONTRIBUTIONS		
1987, as amended. Attach additional sheet(s) if necessary. X This section is not applicable.	of lobbying in the total sum of \$25 or more per person during the statement period more per person were received from the following persons:	pursuant to Sec. 3-6.5(c)(3), Kaua'i County Cod
Date Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value
PART III: SUBJECT AREAS OF LOBBYIN	TG	
Legislative and/or administrative action supported or or procurement, or contract management that was supported	pposed during the statement reporting period. Shall include title of bills, res or opposed.	olutions, and/or description of actions, permit
BILL NO. 2831		
	o. 999 does not include attorney's fees protected by the attorney-cl	ient privilege.
(Hawaii Rules of Professional Conduct,	Rule 1.6)	
PART IV: AUTHORIZED PERSON		
Michael J. Belles		0
Name of Authorized Person (First, Middle, Las	t) Signature of Authoriz	zed Person
Attorney	1/1/2	
Title	Date	



JAN 19 P2:41

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		0	FIGEOR
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SHALL CLER
DATE OF FILING 01/19/2022	NAME OF LOBBYIST MICHAEL J. BELLES	CUUM	M ON WHAN
NAME OF PERSON OR ORGANIZATION			
TOWER KAUAI LAGOONS RETAIL, LLC			
BUSINESS MAILING ADDRESS	Street City State	Zip Code	
4334 Rice Street, Suite 202, Lihue, I	Kauai, Hawaii 96766		
BUSINESS TELEPHONE NO. (808) 246-6961			
PART I: TOTAL EXPENDITURES			
EXPENDITURES OF \$25 OR MORE P List all expenditures incurred by lobbyist for the purp		g 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 th	ne following persons:	Amount
Date Name of Recipient	Mailing Address (Street, City, State, Zip)	Description of Expenditure	or Value
EXPENDITURES OF \$150 OR MORE		ng the reporting period. Attach additional sheet(s) if necessary.	
- Comment	oose of toooying of \$150 or more per person per day durti	ng the reporting period. Attach daditional sheet(s) if necessary.	
This section is not applicable. Expenditures incurred in the total	sum of \$150 or more per day were made for t	the following persons:	
-			Amount or Value
Date Name of Recipient	Mailing Address (Street, City, State, Zip)	Description of Expenditure	or value

PART II: CONTRIBUTIONS		
CONTRIBUTIONS RECEIVED List all contributions received by lobbyist for the purp 1987, as amended. Attach additional sheet(s) if necess	pose of lobbying in the total sum of \$25 or more per person during the statement period sary.	pursuant to Sec. 3-6.5(c)(3), Kaua'i County Code
This section is not applicable. Contributions in the total sum of \$2	25 or more per person were received from the following persons:	
Date Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value
PART III: SUBJECT AREAS OF LOBB	YING	
Legislative and/or administrative action supported procurement, or contract management that was supported	or opposed during the statement reporting period. Shall include title of bills, resorted or opposed.	olutions, and/or description of actions, permit,
BILL NO. 2831		
Note: The term "Expenditures" in Ordinano	ce No. 999 does not include attorney's fees protected by the attorney-cl	lient privilege.
(Hawaii Rules of Professional Condu		
,		
PART IV: AUTHORIZED PERSON		
FART IV: AUTHORIZED FERSON		
Michael J. Belles		300
Name of Authorized Person (First, Middle,	Last) Signature of Authoriz	ved Person
Attorney	1/6/22	
Title Title	Date	
CERTIFICATION: By checking this	s box or signing your name on this Statement, you certify and affirm	n that you are the person whose name

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.

22 JAN 19 P2:41

2021 STATEMENT YEAR: DATE OF FILING NAME OF LOBBYIST 01/19/2022 MICHAEL J. BELLES NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (Do not abbreviate) TOWER KAUAI LAGOONS TS LLC BUSINESS MAILING ADDRESS Street City Zip Code State 4334 Rice Street, Suite 202, 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 or Value Name of Recipient Mailing Address (Street, City, State, Zip) Description of Expenditure Date 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	: CONTRIBUTIONS		
List all con 1987, as an	nended. Attach additional sheet(s) if necessary. nis section is not applicable.	og in the total sum of \$25 or more per person during the statement period pur over person were received from the following persons:	suant to Sec. 3-6.5(c)(3), Kaua'i County Code
Date	Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value
PART II	I: SUBJECT AREAS OF LOBBYING		
	and/or administrative action supported or opposed of the contract management that was supported or oppose	luring the statement reporting period. Shall include title of bills, resoluted.	ions, and/or description of actions, permit,
BILL NO	0. 2831		0.00
			00000000000000000000000000000000000000
Note: TI	he term "Expenditures" in Ordinance No. 999	does not include attorney's fees protected by the attorney-client	t privilege.
(H	lawaii Rules of Professional Conduct, Rule 1.6	6)	
PART IV	: AUTHORIZED PERSON		
Micha	el J. Belles		(D).
Name of	Authorized Person (First, Middle, Last)	Signature of Authorized	
Attorn	ey	1/4/22	
Title		Date	
	EDTIFICATION, Deceleration 41: 1 have a significant	11: 04-4	