**STATEMENT YEAR:** 2018

**DATE OF FILING:** 01/08/2019

**NAME OF LOBBYIST:** MICHAEL J. BELLES

**NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (Do not abbreviate):** HAWAII ELECTRICIAN'S MARKET ENHANCEMENT PROGRAM

**BUSINESS MAILING ADDRESS:** 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.**

<table>
<thead>
<tr>
<th>Date</th>
<th>Name of Recipient</th>
<th>Mailing Address (Street, City, State, Zip)</th>
<th>Description of Expenditure</th>
<th>Amount or Value</th>
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**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.**

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<th>Date</th>
<th>Name of Recipient</th>
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PART II: CONTRIBUTIONS RECEIVED

List all contributions received by lobbyist for the purpose of lobbying in the total sum of $25 or more per person during the statement period pursuant to Sec. 3-6.5(c)(3), Kaua'i County Code 1987, as amended. Attach additional sheet(s) if necessary.

This section is not applicable.

<table>
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<tr>
<th>Date</th>
<th>Name of Contributor</th>
<th>Mailing Address (Street, City, State, Zip)</th>
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PART III: SUBJECT AREAS OF LOBBYING

Legislative and/or administrative action supported or opposed during the statement reporting period. Shall include title of bills, resolutions, and/or description of actions, permit, procurement, or contract management that was supported or opposed.

KAUAI COUNTY CODE AMENDMENTS

Note: The term “Expenditures” in Ordinance No. 999 does not include attorney’s fees protected by the attorney-client privilege.

(Hawaii Rules of Professional Conduct, Rule 1.6)

PART IV: AUTHORIZED PERSON

MICHAEL J. BELLES

Name of Authorized Person (First, Middle, Last)  Attorney

Title  01/08/2019  Signature of Authorized Person

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.

06/24/16