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LOBBYIST REGISTRATION STATEMENT

OFFICE OF

You must file this statement with the Office of the County Clerk if you are an individual who for pay or other consideration engages in lobbying on behalf of another person, or organization, for more than five (5) hours in any month or spends more than \$750 lobbying during any reporting period (January 1st through December 31st of the previous year). NOTE THAT THIS IS A PUBLIC DOCUMENT.

THE COUNTY CLERK
COUNTY OF HAWAII

(Type or Print Clearly)

NAME				
Last	First	Middle		
BELLES, MICHAEL J.				
BUSINESS MAILING ADDRESS				
Street	City	State	Zip Code	
4334 RICE STREET, SUITE 202	LIHUE	HI	96766	
TELEPHONE NO.		E-MAIL		
(808) 246-6961		mjb@kauai-law.com		
NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (do not abbreviate)				
HAWAII ELECTRICIAN'S MARKET ENHANCEMENT PROGRAM				
BUSINESS MAILING ADDRESS				
Street	City	State	Zip Code	
1935 HAU STREET, ROOM 300	HONOLULU	HI	96819	
BUSINESS TELEPHONE NO.				
(808) 846-2374				

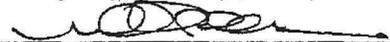
SUBJECT AREAS OF LOBBYING

(Bill/Resolution Number(s), Agenda Item(s), and/or Topic(s))

KAUAI COUNTY CODE AMENDMENTS

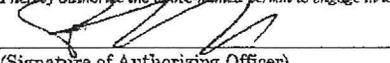
CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

 6/6/18

(Signature of Lobbyist) (Date)

AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OF PERSON REPRESENTED			
RYAN TAKAHASHI	DIRECTOR OF COMPLIANCE			
NAME OF ORGANIZATION (if applicable)			TELEPHONE NO.	
HAWAII ELECTRICIAN'S MARKET ENHANCEMENT PROGRAM			(808) 846-2374	
ADDRESS OF ORGANIZATION OR PERSON				
Street	City	State	Zip Code	
1935 HAU STREET, ROOM 300	HONOLULU	HI	96819	
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.				
			6/6/18	
(Signature of Authorizing Officer)			(Date)	