LOBBYIST CONTRIBUTIONS AND EXPENDITURES STATEMENT
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.

2023

STATEME	NT YEAR: 2020					24 JAN 12 A7 34	
DATE OF FILING January 11, 2024 NAME OF LOBBYIST MICHAEL J. BELLES OFFICE OF							
	PERSON OR ORGANIZATION (AUAI LAGOONS 8, LLC	ON YOU LOBBY F	OR (Do not abbr	eviate)		THE COUNTY CLERK	
The second second	S MAILING ADDRESS	Street	City	State	Zip Code		
	ahi Street, Suite A, Lihue, k S TELEPHONE NO. 6961	Cauai, Hawaii 90	700				
PART I: T	OTAL EXPENDITURES						
List all expend	TURES OF \$25 OR MORE In the purification is not applicable. Enditures incurred in the total Name of Recipient	rpose of lobbying of \$25	or more per person pe	nade for the f			Amount or Value
Dave	tvame of recipient	maning Addr	ess (Diffeet, Only, Dia	te, 21p)	Description of Expendi	oute	01 value
List all expend	TURES OF \$150 OR MORE litures incurred by lobbyist for the pusection is not applicable. enditures incurred in the total	rpose of lobbying of \$15	50 or more per person			th additional sheet(s) if necessary.	Amount
Date	Name of Recipient	Mailing Addr	ress (Street, City, Sta	te, Zip)	Description of Expendi	ture	or Value
							-
-						•	

PART II:	CONTRIBUTIONS					
List all cont 1987, as am X	BUTIONS RECEIVED ributions received by lobbyist for the purpose of lobbying in the total surended. Attach additional sheet(s) if necessary. is section is not applicable. ntributions in the total sum of \$25 or more per person we			-6.5(c)(3), Kaua'i County Code		
Date ·	Name of Contributor	Mailing Address (Street, Ci	Amount or Value			
				//		
-	1					
Legislative	and/or administrative action supported or opposed during the states t, or contract management that was supported or opposed.	ment reporting period. Sho	all include title of bills, resolutions, and/or o	description of actions, permit,		
BILL NO	. 2831					
ж						
Note: Th	ne term "Expenditures" in Ordinance No. 999 does not inclu	ude attorney's fees prote	ected by the attorney-client privilege.			
(H	awaii Rules of Professional Conduct, Rule 1.6)					
PART IV	: AUTHORIZED PERSON					
Micha	el J. Belles		1000 -			
Name of A	Authorized Person (First, Middle, Last)		Signature of Authorized Person			
Attorn	ey		01/11/2024			
Title			Date			

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.