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IFFICE OF THE POUNTY CLERK COUNTY OF KAUAT

LOBBYIST REGISTRATION STATEMENT

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.

	(Ty	pe or Print Cl	early)		
NAME BELLES, MICHAEL J.	Last First			Middle	
BUSINESS MAILING AD	DRESS S	Street	City	State	Zip Code
4334 RICE STREET, SUIT	E 202, LIHUE, KAUA	I, HAWAII 96	766		
TELEPHONE NO.	E-MA				
(808) 246-6961 NAME OF PERSON OR O		kauai-law.co		hhwariata)	
ISLAND SCHOOL	NGANIZATION TO	LODDIFU	т (по пога	ibbreviate)	
BUSINESS MAILING AD: 3-1875 KAUMUALI'I HWY		Street WAII 96766	City	State	Zip Code
BUSINESS TELEPHONE (808) 246-0233	NO.				^
	SUBJECT Bill/Resolution Number	r AREAS OF			
ZONING AMENDMENT		per (s), Agenuu	11em(8), u	maror ropic(s)	
ZONINO AMENDMENT	*		T-1100-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		· · · · · · · · · · · · · · · · · · ·
i	CERTIFI	CATION OF	LOBBYI	ST	
I hereby certify that the infe		The second secon			rrect and complete.
1/0/10					
(Signature of Lobbyist)			(Date)	-1/19	
(01811101110 01 11002)			(2 415)		
	AUTHO	RIZATION T	O LOBB	Y	
NAME DAVID W. PRATT	TITLE				RSON REPRESENTED
NAME OF ORGANIZATION (if applicable) ISLAND SCHOOL			TELEPHONE NO. (808) 246-0233		
ADDRESS OF ORGANIZA 3-1875 KAUMUALI'I HWY, LII	HUE, KAUAI, HAWAII 9		City		Zip Code
I hereby authorize the above-name		ying activities on			2019
(Signature of Authorizing Officer)			(Date)		
6/24/16					