

LOBBYIST CONTRIBUTIONS AND EXPENDITURES STATEMENT

19 JAN -9 P4:05

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.

STATEM	ENT YEAR: 2018					THE COUNT COUNTY OF	Y CLERK
DATE OF 01/08/20	F FILING 019	NAME OF LO					-NAVA!-
	OF PERSON OR ORGANIZATION		FOR (Do not abl	oreviate)			
50-04 W-54 W-54 W-54 W-54 W-54	SS MAILING ADDRESS ICE STREET, SUITE 202, L	Street IHUE, KAUAI, H	City AWAII 96766	State	Zip Code		
BUSINE (808) 246	SS TELEPHONE NO. 6-6961			WHO ARE THE STATE OF THE STATE			
PART I: 7	TOTAL EXPENDITURES				A CONTRACTOR OF THE CONTRACTOR		
List all exper	PITURES OF \$25 OR MORE Inditures incurred by lobbyist for the puries section is not applicable. penditures incurred in the total	rpose of lobbying of \$25	i or more per person			l sheet(s) if necessary.	
Date	Name of Recipient	Mailing Addr	ress (Street, City, St	ate, Zip)	Description of Expenditure		Amount or Value
348 10 4							
			······				
			XX.X	ž.			
List all exper Thi	TTURES OF \$150 OR MORE nditures incurred by lobbyist for the put is section is not applicable. penditures incurred in the total	rpose of lobbying of \$15	50 or more per person			al sheet(s) if necessary.	
Date	Name of Recipient	Mailing Addı	ress (Street, City, St	tate, Zip)	Description of Expenditure		Amount or Value
77							
		1, 1, 1					

PART II.	CONTRIBUTIONS		A A A A A A A A A A A A A A A A A A A			
CONTRIL List all conti 1987, as amo				ant to Sec. 3-6.5(c)(3), Kaua'i County Cod		
Date	Name of Contributor		Mailing Address (Street, City, State, Zip)			
		- In Address A	A. Alphania			
	, , , , , , , , , , , , , , , , , , , ,					
procurement	and/or administrative action supported or opposed, or contract management that was supported or opposed NL PLAN UPDATE (BILL NO. 2666)					
Note: Th	e term "Expenditures" in Ordinance No. 99	9 does not include attorney's fees pro	otected by the attorney-client p	rivilege.		
(H	awaii Rules of Professional Conduct, Rule	1.6)				
PART IV	: AUTHORIZED PERSON					
MICHA	AEL J. BELLES			2		
Name of A	authorized Person (First, Middle, Last)	,	Signature of Authorized Pe	erson		
Attorney			01/08/2019			
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.