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.

| STATE        | MENT YEAR: 2022   |   | *23 JAN -9 A10:02  |                    |
|--------------|---|---|--|--------------------|
|              | OF FILING   | NAME OF LOBBYIST  |  |                    |
|              | y 6, 2023   | MICHAEL J. BELLES   |  |                    |
|              |   | N YOU LOBBY FOR (Do not abbreviate)   | THE GUAL Y CLERK   |                    |
|              | (AUAI LAGOONS GOLF, LLC   |   | COUNTY OF KAUAT  |                    |
|              | ESS MAILING ADDRESS   | Street City State   | Zip Code   |                    |
|              | Akahi Street, Suite A, Lihue, Ka  | uai, Hawaii 96766   |  |                    |
|              | ESS TELEPHONE NO.<br>46-6961  |   |  |                    |
| PART I       | : TOTAL EXPENDITURES  |   |  |                    |
| List all exp | his section is not applicable.  |   | g the reporting period. Attach additional sheet(s) if necessary.  the following persons: |                    |
| Date         | Name of Recipient   | Mailing Address (Street, City, State, Zip)  | Description of Expenditure   | Amount<br>or Value |
| Date         | Tvame of Recipient  | Manning Address (Otteets, Otty, Otate, 2019)  | Description of Expenditure   | OI VAIGE           |
|              |   |   |  |                    |
|              |   |   |  |                    |
|              |   | ·   |  | ( '                |
|              |   |   |  |                    |
|              | DITURES OF \$150 OR MORE I penditures incurred by lobbyist for the purp |   | ng the reporting period. Attach additional sheet(s) if necessary.                        |                    |
| X T          | his section is not applicable.<br>Expenditures incurred in the total s  | um of \$150 or more per day were made for t   | the following persons:   | Amount             |
| XT           | expenditures incurred in the total s                                    | um of \$150 or more per day were made for t  Mailing Address (Street, City, State, Zip) | the following persons:  Description of Expenditure                                       | Amount<br>or Value |
| X T          |   | • •   | <b>5</b> -   | -                  |
| X T          | expenditures incurred in the total s                                    | • •   | <b>5</b> -   | -                  |
| X T          | expenditures incurred in the total s                                    | • •   | <b>5</b> -   | -                  |
| X T          | expenditures incurred in the total s                                    | • •   | <b>5</b> -   | -                  |

| PART II: CONTE         | RIBUTIONS  |  |  |  |  |
|------------------------|--|--|--|--|--|
| 1987, as amended. Atta | eceived by lobbyist for the purpose of lobb<br>ach additional sheet(s) if necessary.<br>a is not applicable. | bying in the total sum of \$25 or more per pe<br>re per person were received from th |  | oursuant to Sec. 3-6.5(c)(3), Kaua'i County Code |  |
| Date Name of           | Name of Contributor  | Mailing Address (Stree   | Mailing Address (Street, City, State, Zip) |  |  |
|                        |  |  |  |  |  |
|                        |  |  |  |  |  |
|                        |  |  |  |  |  |
|                        |  |  | ·  |  |  |
|                        |  |  |  |  |  |
| PART III: SUBJE        | ECT AREAS OF LOBBYING  |  |  |  |  |
|                        | ministrative action supported or opposed<br>t management that was supported or opp                           |  | Shall include title of bills, resolu       | utions, and/or description of actions, permit,   |  |
| BILL NO. 2831          |  |  |  |  |  |
|                        |  |  |  |  |  |
| Note: The term "F      | expenditures" in Ordinance No. 99  | 99 does not include attorney's fees p  | protected by the attorney-clie             | nt privilege                                     |  |
|                        | es of Professional Conduct, Rule   |  | nototical by the attention one             | in privilege.                                    |  |
|                        |  | ,  |  |  |  |
| PART IV: AUTHO         | ORIZED PERSON  |  |  |  |  |
| Michael J. B           | elles  |  | 100  | <b>Y</b> .                                       |  |
| Name of Authorize      | d Person (First, Middle, Last)   | <del></del>  | Signature of Authorized                    | d Person   |  |
| Attorney               | ·  |  | 1/5/23                                     |  |  |
| Title                  |  |  | Date                                       |  |  |
|                        |  |  |  |  |  |

 $\boxtimes$ 

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.