

# LOBBYIST CONTRIBUTIONS AND EXPENDITURES STATEMENT

The reporting period is from January 1<sup>st</sup> through December 31<sup>st</sup> of the previous year.

This statement shall be filed on or before January 31st of each year. NOTE THAT THIS IS A PUBLIC DOCUMENT.

STATEMENT YEAR: 2021

| DATE OF FILING<br>01/06/2022                                    | NAME OF LO<br>MICHAEL J.  |               |            |          | RECEIVED         |
|---|---------------------------|---------------|------------|----------|------------------|
| NAME OF PERSON OR ORGANIZATIO                                   |                           | FOR (Do not a | bbreviate) |          |                  |
| BUSINESS MAILING ADDRESS<br>4334 Rice Street, Suite 202, Lihue, | Street<br>Kauai, Hawaii 9 | City<br>6766  | State      | Zip Code | ·22 JAN -6 P3:03 |
| BUSINESS TELEPHONE NO.<br>(808) 246-6961                        |                           | - Par         |            |          | THES OF          |
| PART I. TOTAL EXPENDITURES                                      |                           |               |            |          | SOUNTY OF KAUA I |

#### EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List all expenditures incurred by lobbyist for the purpose of lobbying of \$25 or more per person per day during the reporting period. Attach additional sheet(s) if necessary.

 $\times$ 

This section is not applicable.

Expenditures incurred in the total sum of \$25 or more per day were made for the following persons:

| Date | Name of Recipient | Mailing Address (Street, City, State, Zip) | Description of Expenditure | Amount<br>or Value |
|------|-------------------|--|----------------------------|--------------------|
|      |                   |  |                            |                    |
|      |                   |  |                            |                    |
|      |                   |  |                            |                    |

# EXPENDITURES OF \$150 OR MORE PER PERSON PER DAY

List all expenditures incurred by lobbyist for the purpose of lobbying of \$150 or more per person per day during the reporting period. Attach additional sheet(s) if necessary.

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This section is not applicable.

Expenditures incurred in the total sum of \$150 or more per day were made for the following persons:

| Date | Name of Recipient | Mailing Address (Street, City, State, Zip) | Description of Expenditure | Amount<br>or Value |
|------|-------------------|--|----------------------------|--------------------|
|      |                   |  |                            |                    |
|      |                   |  |                            |                    |
|      |                   |  |                            |                    |
|      |                   |  |                            |                    |

### PART II: CONTRIBUTIONS

#### CONTRIBUTIONS RECEIVED

List all contributions received by lobbyist for the purpose of lobbying in the total sum of \$25 or more per person during the statement period pursuant to Sec. 3-6.5(c)(3), Kaua'i County Code 1987, as amended. Attach additional sheet(s) if necessary.

## This section is not applicable.

Contributions in the total sum of \$25 or more per person were received from the following persons:

| Date | Name of Contributor | Mailing Address (Street, City, State, Zip) | Amount or Value   |
|------|---------------------|--|---|
|      |                     |  | 사실에 가는 것이 같은 가방을 가지 않는 것이 같이 많이 |
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### PART III: SUBJECT AREAS OF LOBBYING

Legislative and/or administrative action supported or opposed during the statement reporting period. Shall include title of bills, resolutions, and/or description of actions, permit, procurement, or contract management that was supported or opposed.

#### VDA PETITION

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Note: The term "Expenditures" in Ordinance No. 999 does not include attorney's fees protected by the attorney-client privilege.

(Hawaii Rules of Professional Conduct, Rule 1.6)

#### PART IV: AUTHORIZED PERSON

# Michael J. Belles

Name of Authorized Person (First, Middle, Last)

# Attorney

Title

 $\times$ 

Signature of Authorized Person

1-6 -22 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.

06/24/16