

## 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 31<sup>st</sup> of each year. NOTE THAT THIS IS A PUBLIC DOCUMENT.

STATEMENT YEAR: 2019

|   |  |   |                     |                         | RECEVED                                |                    |
|---|--|---|---------------------|-------------------------|--|--------------------|
| DATE OF 01/06/2   |  | NAME OF LOBBYIST<br>MICHAEL J. BELLES     |                     |                         | Some Section of the Architecture       |                    |
|   | F PERSON OR ORGANIZATION<br>ELECTRICIAN'S MARKET ENHAN   |   | breviate)           |                         | 20 JAN -6 P4:03                        |                    |
|   | S MAILING ADDRESS  | Street City                               | State               | Zip Code                |  |                    |
| 4334 RICE STREET, SUITE 202, LIHUE, KAUAI, HAWAII 96766  BUSINESS TELEPHONE NO.  (808) 246-6961 |  |   |                     |                         |  |                    |
| (808) 246-  | -0901  |   |                     |                         | COUNTY OF KAUA'I                       |                    |
| PART I: T   | OTAL EXPENDITURES  |   |                     |                         |  |                    |
| List all expend   | TURES OF \$25 OR MORE PE<br>ditures incurred by lobbyist for the purpos<br>s section is not applicable.<br>enditures incurred in the total su<br>Name of Recipient | se of lobbying of \$25 or more per person | e made for the f    |                         |  | Amount<br>or Value |
| Date  | Tvame of recopient   | maning Address (Silvet, City, C           | rtate, zip/         | Description of Expen    | rature                                 | Of value           |
|   |  |   |                     |                         |  |                    |
|   |  |   |                     |                         |  |                    |
|   | TURES OF \$150 OR MORE Pl<br>ditures incurred by lobbyist for the purpos   |   | on per day during t | he reporting period. At | tach additional sheet(s) if necessary. |                    |
|   | s section is not applicable.<br>enditures incurred in the total su   | m of \$150 or more per day we:            | re made for the     | following persons       | :                                      |                    |
| Date  | Name of Recipient  | Mailing Address (Street, City, S          | State, Zip)         | Description of Expen    | aditure                                | Amount<br>or Value |
|   |  |   |                     |                         |  |                    |
|   |  |   |                     |                         |  |                    |
|   |  |   |                     |                         |  |                    |
| 1   |  | 1   |                     | I                       |  |                    |

| PART II: CONTRIBUTIONS  |   |  |  |  |
|---|---|--|--|--|
| 1987, as amended. Attach additional sheet(s) if necess  This section is not applicable.                 | pose of lobbying in the total sum of \$25 or more per person during the statement perisary.  5 or more per person were received from the following persons: | iod pursuant to Sec. 3-6.5(c)(3), Kaua'i County Code |  |  |
| Date Name of Contributor  | Mailing Address (Street, City, State, Zip)  | Amount or Value                                      |  |  |
|   |   |  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |
| PART III: SUBJECT AREAS OF LOBBY  | YING  |  |  |  |
| Legislative and/or administrative action supported procurement, or contract management that was support | or opposed during the statement reporting period. Shall include title of bills, reted or opposed.   | resolutions, and/or description of actions, permit,  |  |  |
| KAUAI COUNTY CODE AMENDMENTS  |   |  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |
| Note: The term "Expenditures" in Ordinano   | ce No. 999 does not include attorney's fees protected by the attorney   | r-client privilege.                                  |  |  |
| (Hawaii Rules of Professional Condu   | uct, Rule 1.6)  |  |  |  |
|   |   |  |  |  |
| PART IV: AUTHORIZED PERSON  |   |  |  |  |
| MICHAEL L BELLEC  |   | <b>~</b>   |  |  |
| MICHAEL J. BELLES   |   | Thes.  |  |  |
| Name of Authorized Person (First, Middle,   |   | Signature of Authorized Person                       |  |  |
| Attorney  | 1/4/  | 2010   |  |  |
| Γitle   | Date  |  |  |  |
| CERTIFICATION: By checking this   | s box or signing your name on this Statement, you certify and affi  | irm that you are the person whose name               |  |  |

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.