LOBBYIST CONTRIBUTIONS AND EXPENDITURES STATEMENT

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.

STATEMENT YEAR: 2021

								1.000
DATE OF		NAME OF LOBBYIST			RECEIVED			
	5/2022	MICHAEL J. BELLES		Marchael V E. U				
	F PERSON OR ORGANIZATION		obreviate)					
HAWAII	ELECTRICIAN'S MARKET ENHAN	ICEMENT PROGRAM						
	SS MAILING ADDRESS	Street City	State	Zip Code	*22	JAN -6	P3:03	
4334 R	ice Street, Suite 202, Lihue, Ka	auai, Hawaii 96766			-	Only O	1 5 .05	
BUSINES	SS TELEPHONE NO.							
(808) 246	3-6961					25 157	D.	
					INE	CHUNTY	CLERK	
PART I: T	OTAL EXPENDITURES				COL	MIYOF	KAUAT	
X This Exp	editures incurred by lobbyist for the purposes section is not applicable. Denditures incurred in the total su Name of Recipient		e made for the					Amount or Value
Date	Name of Recipient	Maining Address (Street, City, S	State, Zip)	Description of Expendit	ure			or value
								-
L					1000			
List all expen	ITURES OF \$150 OR MORE PI ditures incurred by lobbyist for the purposes as section is not applicable. benditures incurred in the total su	e of lobbying of \$150 or more per pers			'n additional	sheet(s) if ne	cessary.	Amount
Date	Name of Recipient	Mailing Address (Street, City,	State, Zip)	Description of Expendit	ure			or Value
		*						
			WWW/per-v-					

PART I	I: CONTRIBUTIONS					
List all co	RIBUTIONS RECEIVED ntributions received by lobbyist for the purpose of lobbying in mended. Attach additional sheet(s) if necessary.	the total sum of \$25 or more per person during the statement period pur	rsuant to Sec. 3-6.5(c)(3), Kaua'i County Code			
	his section is not applicable. Contributions in the total sum of \$25 or more per p	person were received from the following persons:				
Date	Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value			
PART I	II: SUBJECT AREAS OF LOBBYING					
	e and/or administrative action supported or opposed durin ent, or contract management that was supported or opposed.	ng the statement reporting period. Shall include title of bills, resolut	ions, and/or description of actions, permit,			
KAUAI	COUNTY CODE AMENDMENTS					
Note:	The term "Expenditures" in Ordinance No. 999 doe	s not include attorney's fees protected by the attorney-clien	t privilege.			
	(Hawaii Rules of Professional Conduct, Rule 1.6)					
PART I	V: AUTHORIZED PERSON					
Micha	ael J. Belles		0			
Name o	f Authorized Person (First, Middle, Last)	Signature of Authorized	Signature of Authorized Person			
Attor	ney	1/4/27				
Title		Date	S. D. Britani C. D. Carrier			
	NEDWIELGAMION. Des als alsis estals les anni e	11:- Ct-1	hat was an the manner where			

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.