## 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

				RECEIVED	
	OF FILING 5/2020	NAME OF LOBBYIST MICHAEL J. BELLES			
	OF PERSON OR ORGANIZATION D SCHOOL	YOU LOBBY FOR (Do not abbreviate	)	20 JAN -6 P4:02	
BUSIN	ESS MAILING ADDRESS	Street City Sta	te Zip Code		N-W
4334 I	RICE STREET, SUITE 202, LIH	UE, KAUAI, HAWAII 96766		OFFICE OF	
Seed that the Seedings	ESS TELEPHONE NO. 46-6961			THE COUNTY CLERK COUNTY OF KAUA'I	
PART I	: TOTAL EXPENDITURES				
List all exp	his section is not applicable.	R PERSON PER DAY se of lobbying of \$25 or more per person per day o			Amount
Date	Name of Recipient	Mailing Address (Street, City, State, Zip)	Description of Exp	penditure	or Value
EXPEN.	DITURES OF \$150 OR MORE P	ER PERSON PER DAY			
X T	penditures incurred by lobbyist for the purpo his section is not applicable.	se of lobbying of \$150 or more per person per day			
X T	penditures incurred by lobbyist for the purpo his section is not applicable.				Amount
X T	penditures incurred by lobbyist for the purpo his section is not applicable.	se of lobbying of \$150 or more per person per day		ns:	Amount or Value
X T	penditures incurred by lobbyist for the purpo his section is not applicable. xpenditures incurred in the total su	se of lobbying of \$150 or more per person per day um of \$150 or more per day were made	for the following person	ns:	
X T	penditures incurred by lobbyist for the purpo his section is not applicable. xpenditures incurred in the total su	se of lobbying of \$150 or more per person per day um of \$150 or more per day were made	for the following person	ns:	

PART II:	CONTRIBUTIONS		
List all conti 1987, as ame	ended. Attach additional sheet(s) if necessary.  s section is not applicable.	obying in the total sum of \$25 or more per person during the sta ore per person were received from the following per	
Date	Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value
			•
PART III	SUBJECT AREAS OF LOBBYING		
	und/or administrative action supported or oppos , or contract management that was supported or op	sed during the statement reporting period. Shall include tit	le of bills, resolutions, and/or description of actions, permit
ZONING	AMENDMENT		
		999 does not include attorney's fees protected by the	attorney-client privilege.
(H	awaii Rules of Professional Conduct, Rul	e 1.6)	
PART IV:	AUTHORIZED PERSON		
MICHA	AEL J. BELLES		ODO.
Name of A	uthorized Person (First, Middle, Last)	9	of Authorized Person
Attorne	Э	The state of the s	16/2020
Title		Date	
CE CE	RTIFICATION: By checking this box or	signing your name on this Statement, you cartif	wand affirm that you are the nerson 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.