RECEIVED

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: 2020

21 JAN -5 P1:31

DATE OF 01/04/202	and the second s	NAME OF LOBBYIST MICHAEL J. BELLES			OFFICE OF
NAME O	F PERSON OR ORGANIZATION SCHOOL	YOU LOBBY FOR (Do not abb	oreviate)		COUNTY OF KAU
BUSINES	SS MAILING ADDRESS	Street City	State	Zip Code	-
4334 RI	CE STREET, SUITE 202, LIHU	JE, KAUAI, HAWAII 96766			
BUSINES (808) 246	SS TELEPHONE NO. i-6961				
PART I: T	TOTAL EXPENDITURES				
List all expen This Exp	ITURES OF \$25 OR MORE PER ditures incurred by lobbyist for the purpose s section is not applicable. The purpose the purpose of	of lobbying of \$25 or more per person n of \$25 or more per day were	made for the f	collowing persons:	Amount
Date	Name of Recipient	Mailing Address (Street, City, St	ate, Zip)	Description of Expenditure	or Value
14					
List all expen	ITURES OF \$150 OR MORE PE ditures incurred by lobbyist for the purpose		ı per day during t	the reporting period. Attach additional she	eet(s) if necessary.
	s section is not applicable. cenditures incurred in the total sur	n of \$150 or more per day were	e made for the	following persons:	Amount
Date	Name of Recipient	Mailing Address (Street, City, St	ate, Zip)	Description of Expenditure	or Value

PART I	I: CONTRIBUTIONS			
List all co	IBUTIONS RECEIVED ntributions received by lobbyist for the purpose of lobbying in mended. Attach additional sheet(s) if necessary.	n the total sum of \$25 or more per person during the statement p	period pursuant to Sec. 3-6.5(c)(3), Kaua'i County Code	
X T	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	
PART I	III: SUBJECT AREAS OF LOBBYING			
Legislativ procurem	e and/or administrative action supported or opposed duri ent, or contract management that was supported or opposed.	ing the statement reporting period. Shall include title of bil	ls, resolutions, and/or description of actions, permit,	
ZONIN	G AMENDMENT			
	To the same of the			
Note:	The term "Expenditures" in Ordinance No. 999 do	es not include attorney's fees protected by the attorn	ney-client privilege.	
	(Hawaii Rules of Professional Conduct, Rule 1.6)			
PART	IV: AUTHORIZED PERSON		Land to the second seco	
MICH	HAEL J. BELLES		O Box	
Name o	f Authorized Person (First, Middle, Last)	Signature of Au	Signature of Authorized Person	
Attor	ney	01/04/202	Franklings with the college security states and a final	
Title		Date		
, لکا	annears as the "Authorized Person" above and th	ing your name on this Statement, you certify and e information contained in the form is true, correct rstand that there are statutory penalties for fai	, and complete to the best of your knowledge	

Ordinance No. 999.