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.

STATEME	NT YEAR: 2022			•	23 JAN -9 A10:02		
DATE OF January 6		NAME OF LOBBYIST MICHAEL J. BELLES			entropies.		
NAME OF	PERSON OR ORGANIZATION (AUAI LAGOONS RETAIL, LLC	YOU LOBBY FOR (Do not a	bbreviate)		SOURTY OF KAUAT THE COURTY OCERK		
BUSINES	S MAILING ADDRESS	Street City	State	Zip Code			
3135 Aka	ahi Street, Suite A, Lihue, Ka	uai, Hawaii 96766					
BUSINES (808) 246-	S TELEPHONE NO. 6961						
PART I: T	OTAL EXPENDITURES						
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. This section is not applicable. Expenditures incurred in the total sum of \$25 or more per day were made for the following persons: Amount							
Date	Name of Recipient	Mailing Address (Street, City,	State, Zip)	Description of Expen	liture	or Value	
List all expend	TURES OF \$150 OR MORE Felitures incurred by lobbyist for the purpose section is not applicable. enditures incurred in the total sections.	ose of lobbying of \$150 or more per per				Amount	
Date	Name of Recipient	Mailing Address (Street, City,	, State, Zip)	Description of Expen	diture	or Value	

PART	II: CONTRIBUTIONS					
CONT List all c 1987, as	RIBUTIONS RECEIVED ontributions received by lobbyist for the purpose of lobbyist amended. Attach additional sheet(s) if necessary.	ing in the total sum of \$25 or more per person during the statement period pur per person were received from the following persons:	suant to Sec. 3-6.5(c)(3), Kaua'i County Code			
		Mailing Address (Street, City, State, Zip)	Amount or Value			
Date	Name of Contributor					
PART	III: SUBJECT AREAS OF LOBBYING					
procuren	we and/or administrative action supported or opposed nent, or contract management that was supported or oppo	during the statement reporting period. Shall include title of bills, resolut sed.				
Note:	The term "Expenditures" in Ordinance No. 999	9 does not include attorney's fees protected by the attorney-clien	ıt privilege.			
	(Hawaii Rules of Professional Conduct, Rule 1	1.6)				
PART	IV: AUTHORIZED PERSON					
Mich	nael J. Belles		De.			
	of Authorized Person (First, Middle, Last)		Signature of Authorized Person			
	rney		23			
Title	`	Date /				
\boxtimes	CERTIFICATION: By checking this box or same are as the "Authorized Person" above an	signing your name on this Statement, you certify and affirm t d the information contained in the form is true, correct, and co	hat you are the person whose name mplete 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.