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.

2023 STATEMENT YEAR:

HI 12 47 54

						24 JAN 12 /11	
DATE OF I		NAME OF LOI MICHAEL J. B				OFFICE OF	
NAME OF	PERSON OR ORGANIZATION AI LAGOONS GOLF, LLC	THE COUNTY CLE COUNTY OF KAU	TCH				
BUSINES	S MAILING ADDRESS	Street	City	State	Zip Code		
3135 Aka	ahi Street, Suite A, Lihue, Kau	ai, Hawaii 967	66				
	S TELEPHONE NO.						
(808) 246-6	6961						
PART I: TO	OTAL EXPENDITURES						
List all expend X This	FURES OF \$25 OR MORE PE itures incurred by lobbyist for the purpos section is not applicable. enditures incurred in the total su	e of lobbying of \$25 c	or more per person per				Amount
Date	Name of Recipient	Mailing Addre	ess (Street, City, State	e, Zip)	Description of Expenditure		or Value
List all expend	TURES OF \$150 OR MORE Plitures incurred by lobbyist for the purpose section is not applicable. enditures incurred in the total su	se of lobbying of \$150	9 or more per person p			onal sheet(s) if necessary.	Amount
Date	Name of Recipient	Mailing Addre	ess (Street, City, State	e, Zip)	Description of Expenditure		or Value
	,						
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PART II: CONTRIBUTIONS				
CONTRIBUTIONS RECEIVED List all contributions received by lobbyist for the purp 1987, as amended. Attach additional sheet(s) if necess	ose of lobbying in the total sum of \$25 or more per person during the statement perio ary.	od pursuant to Sec. 3-6.5(c)(3), Kaua'i County Code		
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 III: SUBJECT AREAS OF LOBB	ZING			
Legislative and/or administrative action supported procurement, or contract management that was supported	or opposed during the statement reporting period. Shall include title of bills, reted or opposed.	resolutions, and/or description of actions, permit,		
BILL NO. 2831				
Note: The term "Expenditures" in Ordinano	e No. 999 does not include attorney's fees protected by the attorney-	client privilege.		
(Hawaii Rules of Professional Condu	ct, Rule 1.6)			
PART IV: AUTHORIZED PERSON				
Michael J. Belles				
	Cinches (Author	G: (CA () I B		
Name of Authorized Person (First, Middle,		Signature of Authorized Person 01/11/2024		
Attorney				
Title	Date			
CERTIFICATION: By checking this	box or signing your name on this Statement, you certify and affin	rm 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.