## 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: 2023

24 JAN 12 A7 54

					24 July 12	
DATE OF January 1		NAME OF LOBBYIST MICHAEL J. BELLES		*	UPFICE OF	
NAME OF	PERSON OR ORGANIZATION T LECTRICIAN'S MARKET ENHANCE	OU LOBBY FOR (Do not al	breviate)		COUNTY OF KAUA'	
BUSINES	S MAILING ADDRESS	Street City	State	Zip Code		
3135 Aka	ahi Street, Suite A, Lihue, Kaua	i, Hawaii 96766				
	S TELEPHONE NO.					
(808) 246-	6961					
DADT I. TO	OTAL EXPENDITURES	1 1 10				-
FART I: IC	JIAL EXPENDITURES					
List all expend	FURES OF \$25 OR MORE PER litures incurred by lobbyist for the purpose section is not applicable. Enditures incurred in the total sur	of lobbying of \$25 or more per perso			tional sheet(s) if necessary.	A
Date	Name of Recipient	Mailing Address (Street, City,	State, Zip)	Description of Expenditure		Amount or Value
						1
						+
List all expend	TURES OF \$150 OR MORE PE litures incurred by lobbyist for the purpose section is not applicable. enditures incurred in the total sur	of lobbying of \$150 or more per pers			litional sheet(s) if necessary.	Amount
Date	Name of Recipient	Mailing Address (Street, City,	State, Zip)	Description of Expenditure		or Value

PART II	: CONTRIBUTIONS				
List all cond 1987, as am	nended. Attach additional sheet(s) if necessary.	in the total sum of \$25 or more per person during the statement period pure the statement period pure person were received from the following persons:	ursuant to Sec. 3-6.5(c)(3), Kaua'i County Code		
Date	Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value		
	,				
PART II	I: SUBJECT AREAS OF LOBBYING				
	and/or administrative action supported or opposed dur t, or contract management that was supported or opposed.	ring the statement reporting period. Shall include title of bills, resolu	utions, and/or description of actions, permit,		
KAUAI C	COUNTY CODE AMENDMENTS				
211 21					
Note: Th	ne term "Expenditures" in Ordinance No. 999 do	es not include attorney's fees protected by the attorney-clie	nt privilege.		
(H	Hawaii Rules of Professional Conduct, Rule 1.6)				
PART IV	7: AUTHORIZED PERSON				
Micha	el J. Belles		Des		
Name of	Authorized Person (First, Middle, Last)	Signature of Authorized	Signature of Authorized Person		
Attorn	ey	01/11/2024	01/11/2024		
Title		Date			

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.