## 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: 2021

DATE OF FILING 01/06/2022	NAME OF LOMICHAEL J.			RECEIVED		
NAME OF PERSON OR ORGANIZATI ISLAND SCHOOL	ON YOU LOBBY	FOR (Do not abb	reviate)			
BUSINESS MAILING ADDRESS	Street	City	State	Zip Code	°22 JAN -6	P3:03
4334 Rice Street, Suite 202, Lihue,	Kauai, Hawaii 9	6766			Comments of the	
BUSINESS TELEPHONE NO.						
(808) 246-6961						
•	· CAMPANIA AND AND AND AND AND AND AND AND AND AN				THE COMMANY	LLENN
PART I: TOTAL EXPENDITURES					GOUNTY OF F	AUA I
This section is not applicable. Expenditures incurred in the total		ore per day were r	,	following persons:  Description of Expenditure	3	Amount or Value
EXPENDITURES OF \$150 OR MORE ist all expenditures incurred by lobbyist for the pu			per day during	the reporting period. Attach a	dditional sheet(s) if neces	ssary.
This section is not applicable. Expenditures incurred in the total	l sum of \$150 or n	nore per day were	made for the	e following persons:		A
Date Name of Recipient	Mailing Add	lress (Street, City, Sta	te Zin)	Description of Expenditure	1	Amount or Value
Jame of feetpient	manning Aut	areas (Direct, Orty, Dia	.ю, шр/	Description of Expenditure	<u> </u>	
1						

PART II:	CONTRIBUTIONS		
List all cont	BUTIONS RECEIVED ributions received by lobbyist for the purpose of lob ended. Attach additional sheet(s) if necessary.	bbying in the total sum of \$25 or more per person during the statement perio	od pursuant to Sec. 3-6.5(c)(3), Kaua'i County Code
X Th	is section is not applicable. ntributions in the total sum of \$25 or mo	ore per person were received from the following persons:	
Date	Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value
	X		
PART III	: SUBJECT AREAS OF LOBBYING		
	and/or administrative action supported or oppos , or contract management that was supported or op	sed during the statement reporting period. Shall include title of bills, r	resolutions, and/or description of actions, permit,
ZONING	AMENDMENT		
Note: Th	e term "Expenditures" in Ordinance No. 9	999 does not include attorney's fees protected by the attorney-	client privilege.
(H	awaii Rules of Professional Conduct, Rul	le 1.6)	
PART IV	: AUTHORIZED PERSON		
Micha	el J. Belles		
	Authorized Person (First, Middle, Last)	Signature of Author	rigad Parson
Attorn			
Title	<del> </del>		2
		Date	
X CE	RTIFICATION: By checking this box or	r signing your name on this Statement, you certify and affin	rm 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.