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.

RECEIVED

			4 4 74
DATE OF FILING 01/06/2020	NAME OF LOBBYIST MICHAEL J. BELLES		
NAME OF PERSON OR ORGANIZA PRW PRINCEVILLE DEVELOPMEN	TION YOU LOBBY FOR (Do not abbreviat T COMPANY LLC	e)	20 JAN -6 P4:02
BUSINESS MAILING ADDRESS 4334 RICE STREET, SUITE 202		ate Zip Code	ETTICK OF
BUSINESS TELEPHONE NO. (808) 246-6961			THE COUNTY CLERK COUNTY OF KAUAT
PART I: TOTAL EXPENDITURES EXPENDITURES OF \$25 OR MOR list all expenditures incurred by lobbyist for the	E PER PERSON PER DAY purpose of lobbying of \$25 or more per person per day	during the reporting period. Attach a	dditional sheet(s) if necessary.
This section is not applicable.	otal sum of \$25 or more per day were made		
Date Name of Recipient	Mailing Address (Street, City, State, Zip)	Description of Expenditus	Amount re or Value
1		1	

EXPENDITURES OF \$150 OR MORE PER PERSON PER DAY

This section is not applicable.

2019

STATEMENT YEAR:

List all expenditures incurred by lobbyist for the purpose of lobbying of \$150 or more per person per day during the reporting period. Attach additional sheet(s) if necessary.

	Expenditures incurred in the total sum of \$150 or more per day were made for the following persons:					
Date	Name of Recipient	Mailing Address (Street, City, State, Zip)	Description of Expenditure		or Value	
		_				
					81	

PART	II: CONTRIBUTIONS	The state of the s		
List all constant 1987, as a	RIBUTIONS RECEIVED ontributions received by lobbyist for the purpose of lourended. Attach additional sheet(s) if necessary. This section is not applicable. Contributions in the total sum of \$25 or mo			oursuant to Sec. 3-6.5(c)(3), Kaua'i County Code
Date	Name of Contributor	Mailing Address (Stre	eet, City, State, Zip)	Amount or Value
7.57.57				
PART	III: SUBJECT AREAS OF LOBBYING			
	e and/or administrative action supported or oppo ent, or contract management that was supported or o		Shall include title of bills, resol	lutions, and/or description of actions, permit,
GENE	RAL PLAN UPDATE (BILL NO. 2666)			113
			*	
Note:	The term "Expenditures" in Ordinance No.	999 does not include attorney's fees	protected by the attorney-clie	ent privilege.
	(Hawaii Rules of Professional Conduct, Ru	ıle 1.6)		
DADT	IV: AUTHORIZED PERSON			
FARI.	IV: AUTHORIZED PERSON			
MICH	HAEL J. BELLES			
Name o	f Authorized Person (First, Middle, Last)		Signature of Authorize	ed Person
Attor	ney		1/6/20	20
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.