

THE COUNTY CLERK

### LOBBYIST REGISTRATION STATEMENT

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NAME	Last		First		Middle	
E	BELLES		MICHAE	_	J.	
BUSINESS MAILING AI	DDRESS	Street	t	City	State	Zip Code
c/o Belles Graham LLP, 4	1334 Rice Street	t, Suite 202,	Lihue, Ka	auai, Hawaii	96766	
TELEPHONE NO.		E-MAIL				
(808) 246-6961		mjb@kaua				
NAME OF PERSON OR TOWER KAUAI LAGOO		N YOU LO	BBY FOI	R (do not abb	reviate)	×
BUSINESS MAILING A		Stree	t	City	State	Zip Code
3770 Ala'oli Way, Lihue,	Kauai, Hawaii 9	96766				
BUSINESS TELEPHON	E NO.			180-01-2-20-0		
(213) 830-6766						
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4				LOBBYING		
	(Bill/Resolution	n Number(s)	), Agenda	Item(s), and	/or Topic(s)	)
BILL NO. 2831						
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(Signature of Lobbyist)				(Date)		
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		UTHORIZ				
NAME					CER OF PE	RSON REPRESENTED
Derek Smith Taejo Kim		Executive Co	mmittee M	embers		DTT034T3340
NAME OF ORGANIZAT Tower Kauai Lagoons, LLC						PHONE NO. 30-6766
ADDRESS OF ORGANIZ 3770 Ala'oli Way, Lihue, Ka			treet	City	State	Zip Code
I hereby authorize the above-na Docusigned by:	med person to engag	ge in lobbying o	activities on	behalf of the ur	idersigned.	
0 10 11 1	zim			01/07/		
(Signature of Authorizing		Manage and American Company		(Date)		
06/24/16		10.000	VIV			





# LOBBYIST REGISTRATION STATEMENT

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NAME	Last		rst	Midd	le	
DITTE TO COLUMN	BELLES		HAEL	J.		R' C 1
BUSINESS MAIL		Street	City	State		Zip Code
	LLP, 4334 Rice Street		e, Kauai, Hav	vaii 96766		
TELEPHONE NO		E-MAIL				
(808) 246-6961	N OR ORGANIZATIO	mjb@kauai-lav		-1-1		
	AGOONS LAND, LLC	N 100 LOBB1	rok (do not	abbreviate)		
BUSINESS MAIL		Street	City	State		Zip Code
	Lihue, Kauai, Hawaii 9		010	,000.00		
BUSINESS TELE				A CONTRACTOR OF THE PARTY OF TH		WWW.
(213) 830-6766						
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	at the information furni		OF LOBBY		correct as	nd complete.
I hereby certify the	at the information furni	ished above is, t	OF LOBBY the best of n (Date)	iy knowledge,	correct ar	nd complete.
I hereby certify the	t the information furni  DOCO  Dyist)  Al	ished above is, t	OF LOBBY the best of n (Date)	ly knowledge,		
I hereby certify the (Signature of Lob)	et the information furni  Doyist)  All  T	ished above is, t	OF LOBBY  the best of n  (Date)  ON TO LOB  HORIZING O	ly knowledge,		nd complete.  REPRESENTED
I hereby certify the (Signature of Lob)  NAME Derek Smith  T NAME OF ORGA	t the information furni Divist)  All aejo Kim  NIZATION (if applicab)	ished above is, t  UTHORIZATION  TITLE OF AUTI  Executive Commit	OF LOBBY  the best of n  (Date)  ON TO LOB  HORIZING O	BY TEI	PERSON I	REPRESENTED
I hereby certify the (Signature of Lob)  NAME Derek Smith T  NAME OF ORGA Tower Kaual Lagoo	at the information furni Dyist)  All aejo Kim  NIZATION (if applicables Land, LLC	UTHORIZATION COMMITTE OF AUTIEX COMMITTE COMMITT	OF LOBBY to the best of n (Date) ON TO LOB: HORIZING Of the best of n	BY FFICER OF I  (213	PERSON I EPHONE	REPRESENTED
I hereby certify the (Signature of Lob)  NAME Derek Smith TOWARE OF ORGA Tower Kaual Lagoo ADDRESS OF OF	at the information furni Dyist)  All aejo Kim NIZATION (if applicables Land, LLC GGANIZATION OR PEH	UTHORIZATION OF AUTIEX COMMITTE OF AUTIEX COMMITTE COMMIT	OF LOBBY to the best of n (Date) ON TO LOB: HORIZING Of the best of n	BY TEI	PERSON I	REPRESENTED
I hereby certify the (Signature of Lobb)  NAME Derek Smith T NAME OF ORGA Tower Kaual Lagoo ADDRESS OF OF 3770 Ala'oli Way, L	at the information furni Dyist)  All aejo Kim NIZATION (if applicables Land, LLC GANIZATION OR PEH	UTHORIZATION OF AUTIEX COMMITTEE OF AUTIEX COM	OF LOBBY Of the best of n  (Date)  ON TO LOB HORIZING Of the Members  City	BY FFICER OF I  (213) State	PERSON I EPHONE	REPRESENTED
I hereby certify the (Signature of Lobi  NAME Derek Smith T NAME OF ORGA Tower Kauai Lagoo ADDRESS OF OF 3770 Ala'oli Way I hereby guthorize the Docusioned by:	acjo Kim NIZATION (if applicable in Land, LLC GANIZATION OR PET hue, Kauai, Hawaii 96766  All Docusing de person to engage in land,	UTHORIZATION OF AUTIEX COMMITTEE OF AUTIEX COM	OF LOBBY  the best of n  (Date)  ON TO LOB  HORIZING O  ee Members  City  ies on behalf of t	BY FFICER OF I  (213  State  he undersigned.	PERSON I EPHONE	REPRESENTED
I hereby certify the (Signature of Lobb)  NAME Derek Smith T NAME OF ORGA Tower Kauai Lagoo ADDRESS OF OF 3770 Ala'oli Way, L	aejo Kim NIZATION (if applicables Land, LLC GANIZATION OR PEH hue, Kauai, Hawaii 96766  above-named person to engage the stand of the s	UTHORIZATION OF AUTIEX COMMITTEE OF AUTIEX COM	OF LOBBY  the best of n  (Date)  ON TO LOB  HORIZING O  ee Members  City  ies on behalf of t	BY FFICER OF I  (213) State	PERSON I EPHONE	REPRESENTED





# LOBBYIST REGISTRATION STATEMENT

	(T	ype or Print (	Clearly)		
NAME	Last	First		Middle	
	BELLES	MICHA		J.	, .
BUSINESS MAILING A	DDRESS	Street	City	State	Zip Code
c/o Belles Graham LLP,	4334 Rice Street, Suite	e 202, Lihue,	Kauai, Hawaii	96766	
TELEPHONE NO.	E-M				
(808) 246-6961		@kauai-law.c			
NAME OF PERSON OR TOWER KAUAI LAGOC		U LOBBY FO	OR (do not abb	previate)	
BUSINESS MAILING A	DDRESS	Street	City	State	Zip Code
3770 Ala'oli Way, Lihue	, Kauai, Hawaii 96766	3			
BUSINESS TELEPHON	E NO.				
(213) 830-6766				1. Marie 1971	
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	(Bill/Resolution Nun		F LOBBYING		
BILL NO. 2831	(Dill) Resolution Num	iver(s), Agenic	ia nem(s), and	itor Topic(s))	
BILL NO. 2031			. William . Colored . Color		
			F LOBBYIST		
I hereby certify that the i	nformation furnished	above is, to th	ne best of my k	nowledge, corre	ect and complete.
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(Signature of Lobbyist)		-	(Date)	126	The state of the s
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NAME			TO LOBBY	CER OF PERS	ON REPRESENTED
Derek Smith Taejo Kim		ive Committee		CER OF THIS	OIV INDI INDENITED
NAME OF ORGANIZAT		*****		TELEPH	ONE NO.
Tower Kauai Lagoons 8, LL				(213) 830-	
ADDRESS OF ORGANIZ 3770 Ala'oli Way, Lihue, Ka		I Street	City	State Zip	Code
I hereby authorize the above-no Docusigned by:	med person to engage in lo	bbying activities	on behalf of the u	ndersigned.	
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Verek Smith Taye	) tum	_	01/0//2	-022	
Verck Smith Tayer (Signature: of Authorizing		-	(Date)		



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THE COUNTY OF KARA

# LOBBYIST REGISTRATION STATEMENT

		(Type or Print	Clearly)		
NAME	Last	Firs	₹:	Middle	
	BELLES	MICHA	EL	J.	
BUSINESS MAILIN	IG ADDRESS	Street	City	State	Zip Code
c/o Belles Graham L	LP, 4334 Rice Street,	Suite 202, Lihue,	Kauai, Hawa	aii 96766	
TELEPHONE NO.	1 -	E-MAIL			
(808) 246-6961		mjb@kauai-law.d			
	OR ORGANIZATION	YOU LOBBY F	OR (do not a	bbreviate)	
2014 KAUAI LAGO			- Cit	7.	7' 6 1
BUSINESS MAILIN	iG ADDRESS ihue, Kauai, Hawaii 96	Street	City	State	Zip Code
BUSINESS TELEPI		700			
(213) 830-6766	TONE NO.				
(210) 000 0100					
	SUB	JECT AREAS C	F LOBBYI	NG	
	(Bill/Resolution .	Number(s), Agen	da Item(s), a	nd/or Topic(s))	
BILL NO. 2831					
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I hereby certify that	the information furnis				ect and complete.
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(Signature of Lobbyi	ist)		(Date)		
		***************************************			
		THORIZATION			
NAME	The second secon			FICER OF PERS	SON REPRESENTED
	ejo Kim Ex ZATION (if applicable	ecutive Committee	viembers	ממי זייטיין	IONE NO.
2014 Kauai Lagoons G		;)		(213) 830	
	ANIZATION OR PER	SON Street	City		p Code
3770 Ala'oli Way, Lihu	e, Kauai, Hawaii 96766				•
I hereby authorize the abo	ove-named person to engage DocuSigned by:	in lobbying activities	on behalf of the	undersigned.	
Derek Smith 1	Tacto kim		01/07	//2022	
(Signature of 2 Author	rizing Officer)		(Date)		
06/24/16					

Last

NAME



22 JAN 19 P2:39

COUNTY OF KAUA'

### LOBBYIST REGISTRATION STATEMENT

You must file this statement with the Office of the County Clerk if you are an individual who for pay or other consideration engages in lobbying on behalf of another person, or organization, for more than five (5) hours in any month or spends more than \$750 lobbying during any reporting period (January 1st through December 31st of the previous year). NOTE THAT THIS IS A PUBLIC DOCUMENT.

(Type or Print Clearly)

First

Middle

	MICHAE	=L	J.		
Str	reet	City	Stat	e	Zip Code
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AUTHOR TITLE OI Executive cable) PERSON	CIZATION F AUTHOI Committee Street	(Date)  TO LOBE RIZING OF Members  City	y knowledg  / 4 / 2  BY  FFICER OF  TE (21  State	PERSON LEPHON 3) 830-676	REPRESENTED E NO.
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	E-MAII mjb@k FION YOU LLC St. aii 96766	E-MAIL mjb@kauai-law.co FION YOU LOBBY FO LLC Street aii 96766	reet, Suite 202, Lihue, Kauai, Haw E-MAIL mjb@kauai-law.com FION YOU LOBBY FOR (do not a LLC Street City aii 96766	reet, Suite 202, Lihue, Kauai, Hawaii 96766  E-MAIL mjb@kauai-law.com  FION YOU LOBBY FOR (do not abbreviate) LLC Street City Stat aii 96766  SUBJECT AREAS OF LOBBYING	reet, Suite 202, Lihue, Kauai, Hawaii 96766  E-MAIL mjb@kauai-law.com  FION YOU LOBBY FOR (do not abbreviate)  LLC  Street City State aii 96766



THE COUNTY ELERK COUNTY OF KAUA'I

# LOBBYIST REGISTRATION STATEMENT

		(Type of	r Print Clearly)			
NAME	Last BELLES	······································	First MICHAEL	Midd J.	lle	
BUSINESS MAIL	ING ADDRESS	Stree	et City	State	Z	ip Code
c/o Belles Grahan	n LLP, 4334 Rice Str	eet, Suite 202	, Lihue, Kauai, Hav	vaii 96766		
TELEPHONE NO (808) 246-6961		E-MAIL mjb@kau	ai-law.com			
	ON OR ORGANIZAT AGOONS TS LLC	TION YOU LO	OBBY FOR (do not	abbreviate)		
BUSINESS MAII 3770 Ala'oli Way	ING ADDRESS , Lihue, Kauai, Hawa	Stree aii 96766	et City	State	e Z	ip Code
BUSINESS TELE (213) 830-6766	PHONE NO.				W	
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I hereby certify the	at the information fu	arnished above	FION OF LOBBY e is, to the best of m (Date)	IST  y knowledge,		
I hereby certify the (Signature of Lob)	at the information fu	AUTHORIZ	FION OF LOBBY e is, to the best of m (Date)	IST  y knowledge,		
I hereby certify the  (Signature of Lob)  NAME Derek Smith Ta NAME OF ORGA Tower Kauai Lagoo	at the information function fu	AUTHORIZ TITLE OF A Executive Co	TION OF LOBBY e is, to the best of m (Date)  ATION TO LOBI AUTHORIZING OF	IST  Ly knowledge  Ly La	PERSON RI LEPHONE 1 1) 830-6766	EPRESENTEL
I hereby certify the (Signature of Lob)  NAME Derek Smith Ta NAME OF ORGA Tower Kauai Lagoo ADDRESS OF OF 3770 Ala'oli Way L	at the information function fu	AUTHORIZ TITLE OF A Executive Cocable) PERSON STAGE	TION OF LOBBY e is, to the best of m (Date)  ZATION TO LOBI AUTHORIZING OF THE MEMBERS  Street City	IST  y knowledge,  / 2 / 2 2  BY  FFICER OF 1  (213)  State	PERSON RI LEPHONE 1	EPRESENTEI NO.
I hereby certify the (Signature of Lob)  NAME Derek Smith Ta NAME OF ORGA Tower Kauai Lagoo ADDRESS OF OF 3770 Ala'oli Way L	at the information function fu	AUTHORIZ TITLE OF A Executive Cocable) PERSON S	TION OF LOBBY e is, to the best of m (Date)  ZATION TO LOBI AUTHORIZING OF THE MEMBERS  Street City	IST  y knowledge,  / 2 / 2 2  BY  FFICER OF 1  (213)  State	PERSON RI LEPHONE 1 1) 830-6766	EPRESENTEI NO.
I hereby certify the (Signature of Lob)  NAME Derek Smith Ta NAME OF ORGA Tower Kauai Lagoo ADDRESS OF OF 3770 Ala'oli Way L	at the information function function function (if applied in the control of the c	AUTHORIZ TITLE OF A Executive Cocable) PERSON S	FION OF LOBBY e is, to the best of m (Date)  ATION TO LOBI AUTHORIZING OF Committee Members  Street City  activities on behalf of t	IST  y knowledge,  / 2 / 2 2  BY  FFICER OF 1  (213)  State	PERSON RI LEPHONE 1 1) 830-6766	EPRESENTEI NO.