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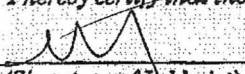
OFFICE OF
THE COUNTY CLERK
COUNTY OF KAUAI


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)					
NAME	Last	First	Middle		
	Graham, Jr.	Max	W. J.		
BUSINESS MAILING ADDRESS	Street	City	State	Zip Code	
	4334 Rice Street, Suite 202	Lihue	HI	96766	
TELEPHONE NO.	E-MAIL				
(808) 246-6962	mwg@kauai-law.com				
NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (do not abbreviate)					
Lorence H. Leight and Brit Momaday-Leight, Trustees					
BUSINESS MAILING ADDRESS	Street	City	State	Zip Code	
	873 Berkeley Street	Santa Monica	CA	90403	
BUSINESS TELEPHONE NO.					
(310) 600-4505					

SUBJECT AREAS OF LOBBYING (Bill/Resolution Number(s), Agenda Item(s), and/or Topic(s))
Resolution No. 2016-60

CERTIFICATION OF LOBBYIST
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.
<div style="display: flex; justify-content: space-between;"> <div>  (Signature of Lobbyist) </div> <div> 4/28/17 (Date) </div> </div>

AUTHORIZATION TO LOBBY			
NAME	TITLE OF AUTHORIZING OFFICER OF PERSON REPRESENTED		
Lorence H. Leight	Trustee		
NAME OF ORGANIZATION (if applicable)	TELEPHONE NO.		
2001 Leight Family Trust dated August 30, 2001	(310) 600-4504		
ADDRESS OF ORGANIZATION OR PERSON	Street	City	State Zip Code
873 Berkeley Street		Santa Monica	CA 90403
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.			
 (Signature of Authorizing Officer)		2-23-17 (Date)	