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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: 2020

21 JAN -5 P1:31

DATE OF 01/04/202		NAME OF LOBBYIST MAX W. J. GRAHAM, JR.		-		CE OF
	F PERSON OR ORGANIZATION NCEVILLE DEVELOPMENT COM		oreviate)		COUNTY	OF KAUA'I
4334 RI	S MAILING ADDRESS CE STREET, SUITE 202, LIHU	Street City JE, KAUAI, HAWAII 96766	State	Zip Code		
BUSINES (808) 246-	S TELEPHONE NO. 6962	. ,				
PART I: T	OTAL EXPENDITURES					
List all expend	TURES OF \$25 OR MORE PER ditures incurred by lobbyist for the purpos section is not applicable. enditures incurred in the total su	e of lobbying of \$25 or more per person			theet(s) if necessary.	
Date	Name of Recipient	Mailing Address (Street, City, St		Description of Expenditure		Amount or Value
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 su	e of lobbying of \$150 or more per persor		,	sheet(s) if necessary.	
Date	Name of Recipient	Mailing Address (Street, City, St	ate, Zip)	Description of Expenditure		Amount or Value
			-			

PART II: CONTRIBUTIONS						
1987, as amended. Attach additional shapper. This section is not applic	st for the purpose of lobbying in the neet(s) if necessary. able.	total sum of \$25 or more per person during the st		c. 3-6.5(c)(3), Kaua'i County Code		
Date Name of Contributor		Mailing Address (Street, City, State, Zip)	Amount or Value		
74440						
		UNIX.				
PART III: SUBJECT AREAS	OF LOBBYING					
Legislative and/or administrative action occurement, or contract management to GENERAL PLAN UPDATE (BIL	hat was supported or opposed.	the statement reporting period. Shall include ti	tle of bills, resolutions, and/o	or description of actions, permit,		
GENERAL I LAN OF DATE (DIE	L 110. 2000)			ere (- nettaka)		
ARTON CO.	Expression St. Description		ma .	made 42 and the sale		
Note: The term "Expenditures"	in Ordinance No. 999 does r	not include attorney's fees protected by th	e attorney-client privilege).		
(Hawaii Rules of Profess	sional Conduct, Rule 1.6)					
PART IV: AUTHORIZED PE	RSON			<u> </u>		
MAX W. J. GRAHAM						
Name of Authorized Person (Fig.		Signatur	e of Authorized Person			
Attorney	2020	01/04	01/04/2021			
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.