### LOBBYIST CONTRIBUTIONS AND EXPENDITURES STATEMENT

22 JAN 19 P2:39

STATEME	NT YEAR: 2021					THE COUNTY OOUNTY OF I
DATE OF 1 01/19/20		NAME OF LO MAX W. J. G		A to the State of		
	PERSON OR ORGANIZATION AUAI LAGOONS, LLC	YOU LOBBY	FOR (Do not al	bbreviate)		
BUSINESS	MAILING ADDRESS	Street	City	State	Zip Code	
	e Street, Suite 202, Lihue, Ka	auai, Hawaii 9	6766			
BUSINESS (808) 246-6	TELEPHONE NO. 962					
PART I: TO	TAL EXPENDITURES					
List all expendi  This s Expen	TURES OF \$25 OR MORE PE tures incurred by lobbyist for the purpo section is not applicable. Inditures incurred in the total su	se of lobbying of \$2 um of \$25 or mo	5 or more per perso ore per day wer	e made for the	•	Amount
Date 1	Name of Recipient	Mailing Add	ress (Street, City,	State, Zip)	Description of Expenditure	or Value
List all expendi This s	URES OF \$150 OR MORE P tures incurred by lobbyist for the purpo section is not applicable. aditures incurred in the total su	se of lobbying of \$1	50 or more per pers			
						Amount or Value
Date 1	Name of Recipient	waining Add	ress (Street, City,	otate, Zip)	Description of Expenditure	or value
			<u> </u>			

			The state of the s
PART I	I: CONTRIBUTIONS		
List all cor 1987, as ar	IBUTIONS RECEIVED  ntributions received by lobbyist for the purpose of lobbying in mended. Attach additional sheet(s) if necessary.  his section is not applicable.  ontributions in the total sum of \$25 or more per p	the total sum of \$25 or more per person during the statement period pur person were received from the following persons:	rsuant to Sec. 3-6.5(c)(3), Kaua'i County Code
Date	Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value
***************************************			
PART I	II: SUBJECT AREAS OF LOBBYING		
	nt, or contract management that was supported or opposed.	g the statement reporting period. Shall include title of bills, resolut	tions, and/or description of actions, permit,
Note: T	he term "Expenditures" in Ordinance No. 999 does	s not include attorney's fees protected by the attorney-clien	nt privilege.
(	Hawaii Rules of Professional Conduct, Rule 1.6)		
PART I	V: AUTHORIZED PERSON		
Max \	W. J. Graham, Jr.		
Name of	Authorized Person (First, Middle, Last)	Signature of Authorized	Person
Attorr	ney	1/6/22	
Title		Date /	
X C	ERTIFICATION: By checking this box or signing	g your name on this Statement, you certify and affirm th	hat you are the person whose name

### LOBBYIST CONTRIBUTIONS AND EXPENDITURES STATEMENT

'22 JAN 19 P2:39

STATEMENT YEAR: 2021	_			THE COUNTY CL
DATE OF FILING 01/19/2022	NAME OF LOBE MAX W. J. GRA			TOURITY OF KA
NAME OF PERSON OR ORGAN TOWER KAUAI LAGOONS LAN		R (Do not abbreviate)		
BUSINESS MAILING ADDRES		City State	Zip Code	
4334 Rice Street, Suite 202,	Lihue, Kauai, Hawaii 9676	36		
BUSINESS TELEPHONE NO. (808) 246-6962				
PART I: TOTAL EXPENDITUE	RES			
This section is not applicab	or the purpose of lobbying of \$25 or a	more per person per day during	the reporting period. Attach additional shee	t(s) if necessary.
Expenditures incurred in the Name of Recipient	he total sum of \$25 or more p  Mailing Address	per day were made for the (Street, City, State, Zip)	following persons:  Description of Expenditure	Amount or Value
X This section is not applicab	or the purpose of lobbying of \$150 or	r more per person per day during	the reporting period. Attach additional she	
Date Name of Recipient	Mailing Address	(Street, City, State, Zip)	Description of Expenditure	Amount or Value

		The second secon	Manager Manage
PART II: CONTRIBUTIONS	April 1991		
CONTRIBUTIONS RECEIVED List all contributions received by lobbyist for the purpose 1987, as amended. Attach additional sheet(s) if necessary		r person during the statement period pu	ırsuant to Sec. 3-6.5(c)(3), Kaua'i County Code
This section is not applicable. Contributions in the total sum of \$25 or	more per person were received fron	the following persons:	
Date Name of Contributor	Mailing Address (	Street, City, State, Zip)	Amount or Value
PART III: SUBJECT AREAS OF LOBBYIN	NG		
egislative and/or administrative action supported or	onnosed during the statement reporting per	od Shall include title of hills resolu	utions and/or description of actions permit
rocurement, or contract management that was supported			therety distance about providing partitions,
BILL NO. 2831			
Note: The term "Expenditures" in Ordinance N	lo. 999 does not include attorney's fe	es protected by the attorney-clie	nt privilege.
(Hawaii Rules of Professional Conduct,	Rule 1.6)		
PART IV: AUTHORIZED PERSON			
		1	
Max W. J. Graham, Jr.			٦
Name of Authorized Person (First, Middle, Las	st)	Signature of Authorized	l Person
Attorney		1/6/27	
Title		Date	
CERTIFICATION: By checking this bo	x or signing your name on this Sta	tement, you certify and affirm t	that you are the person whose name
I STATE OF THE STA	and the state of t	continue, jou contrary and aim in	January John and part portour it most marrie

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### LOBBYIST CONTRIBUTIONS AND EXPENDITURES STATEMENT

22 JAN 19 P2:40

STATEMEN	TT YEAR: 2021	, and the second		OFFICE OF THE COUNTY OLE ROUNTY OF KAU
DATE OF F		NAME OF LOBBYIST		
01/19/2	And a second sec	MAX W. J. GRAHAM, JR.		
	PERSON OR ORGANIZATION NUAI LAGOONS 8, LLC	I YOU LOBBY FOR (Do not abbrevia	te)	
BUSINESS	MAILING ADDRESS	Street City S	tate Zip Code	
4334 Rice	Street, Suite 202, Lihue, Ka	auai, Hawaii 96766	-	
	TELEPHONE NO.			
PART I: TO	TAL EXPENDITURES			
List all expendit	ection is not applicable.		during the reporting period. Attach additional sh for the following persons:	neet(s) if necessary. Amount
Date N	ame of Recipient	Mailing Address (Street, City, State, Zi	Description of Expenditure	or Value
				,
-				
List all expendit	ection is not applicable.		ey during the reporting period. Attach additional s	theet(s) if necessary.  Amount
Date N	ame of Recipient	Mailing Address (Street, City, State, Zi	Description of Expenditure	or Value
-				

A DE IL COMEDIDIMIONO		
PART II: CONTRIBUTIONS		
CONTRIBUTIONS RECEIVED  ist all contributions received by lobbyist for the purpose 987, as amended. Attach additional sheet(s) if necessary	e of lobbying in the total sum of \$25 or more per person during the statement period p	oursuant to Sec. 3-6.5(c)(3), Kaua'i County Code
This section is not applicable.		
11	or more per person were received from the following persons:	
Date Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value
Sate Ivame of Contributor	maning nutrees (Oneec, Oley, Seate, Dip)	Timodile of Yakee
PART III: SUBJECT AREAS OF LOBBYI	INC	
egislative and/or administrative action supported or rocurement, or contract management that was supported	opposed during the statement reporting period. Shall include title of bills, resolution or opposed.	lutions, and/or description of actions, permit
BILL NO. 2831		
BILL NO. 2001		
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		en princege.
(Hawaii Hales of Fredericha Gerhaus	,, (10)	
PART IV: AUTHORIZED PERSON		
Max W. J. Graham, Jr.		
Name of Authorized Person (First, Middle, La	ast) Signature of Authorize	ed Person
Attorney	1/6/22	
Title	$\frac{1/6/22}{\text{Date}}$	
CERTIFICATION: By checking this h	oox or signing your name on this Statement, you certify and affirm	that you are the person whose name

06/24/16

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### LOBBYIST CONTRIBUTIONS AND EXPENDITURES STATEMENT

22 JAN 19 P2:40

STATEMI	ENT YEAR: 2021					THE COUNTY CLES
DATE OF 01/19		NAME OF LO MAX W. J. G				GOUNTY OF KAUP
	F PERSON OR ORGANIZATIO JAI LAGOONS GOLF, LLC	N YOU LOBBY	FOR (Do not abbre	eviate)		
BUSINES	SS MAILING ADDRESS	Street	City	State	Zip Code	
	ce Street, Suite 202, Lihue, K	(auai, Hawaii 9	6766			
BUSINES (808) 246	SS TELEPHONE NO. -6962					
PART I: T	OTAL EXPENDITURES					
List all expen	TURES OF \$25 OR MORE Plantitures incurred by lobbyist for the purpose section is not applicable. The enditures incurred in the total section.	ose of lobbying of \$25 sum of \$25 or mo	5 or more per person pe	ade for the f	ne reporting period. Attach additional sheet(s) it following persons:  Description of Expenditure	if necessary. Amount or Value
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		* .				-
List all expen	TURES OF \$150 OR MORE Inditures incurred by lobbyist for the purpose section is not applicable.	ose of lobbying of \$1	50 or more per person p		the reporting period. Attach additional sheet(s)	) if necessary. Amount
Date	Name of Recipient	Mailing Add	ress (Street, City, Stat	e, Zip)	Description of Expenditure	or Value
		100000				
1						

PART II: CONTRIBUTIONS		
CONTRIBUTIONS RECEIVED  ist all contributions received by lobbyist for the purpose of 987, as amended. Attach additional sheet(s) if necessary.	lobbying in the total sum of \$25 or more per person during the statement period	pursuant to Sec. 3-6.5(c)(3), Kaua'i County Code
This section is not applicable. Contributions in the total sum of \$25 or a	more per person were received from the following persons:	
Date Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value
PART III: SUBJECT AREAS OF LOBBYING	G	
egislative and/or administrative action supported or op rocurement, or contract management that was supported or	posed during the statement reporting period. Shall include title of bills, reso r opposed.	olutions, and/or description of actions, permit,
BILL NO. 2831		
Note: The term "Expenditures" in Ordinance No	o. 999 does not include attorney's fees protected by the attorney-cli	ient privilege.
(Hawaii Rules of Professional Conduct, F	Rule 1.6)	
PART IV: AUTHORIZED PERSON		
Max W. J. Graham, Jr.		
Name of Authorized Person (First, Middle, Last		
Attorney	1/6/22	
'itle	$\frac{\sqrt{6/22}}{\text{Date}}$	
CERTIFICATION: By checking this box	or signing your name on this Statement, you certify and affirm	

06/24/16

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### LOBBYIST CONTRIBUTIONS AND EXPENDITURES STATEMENT

'22 JAN 19 P2:40

STATEMENT YEAR: 2021					GEFICE OF THE COUNTY CLE
DATE OF FILING 01/19/2022	NAME OF LOE MAX W. J. GR				OCUNTY OF KAU
NAME OF PERSON OR ORGANIZATION TOWER KAUAI LAGOONS RETAIL, LLC		OR (Do not al	obreviate)		
BUSINESS MAILING ADDRESS 4334 Rice Street, Suite 202, Lihue,	Street Kauai, Hawaii 967	City 766	State	Zip Code	
BUSINESS TELEPHONE NO. (808) 246-6962					
PART I: TOTAL EXPENDITURES					
EXPENDITURES OF \$25 OR MORE I			n per day during th	ne reporting period. Attach additional sheet(s	i) if necessary.
This section is not applicable.  Expenditures incurred in the total  Name of Recipient				following persons:  Description of Expenditure	Amount or Value
Date Name of Recipient	Maning Addres	ss (Street, City, S	State, Zip)	Description of Expenditure	or value
EXPENDITURES OF \$150 OR MORE List all expenditures incurred by lobbyist for the pur			on per day during	the reporting period. Attach additional sheet	(s) if necessary.
This section is not applicable. Expenditures incurred in the total	sum of \$150 or mor	re per day we	re made for the	following persons:	
Date Name of Recipient	Mailing Addres	ss (Street, City, S	State, Zip)	Description of Expenditure	Amount or Value

PART II: CONTRIBUTIONS	•	
CONTRIBUTIONS RECEIVED List all contributions received by lobbyist for the purpose 1987, as amended. Attach additional sheet(s) if necessary	se of lobbying in the total sum of \$25 or more per person during the statement period ry.	pursuant to Sec. 3-6.5(c)(3), Kaua'i County Code
This section is not applicable.  Contributions in the total sum of \$25 or	or more per person were received from the following persons:	
Date Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value
PART III: SUBJECT AREAS OF LOBBYI	ING	
Legislative and/or administrative action supported or procurement, or contract management that was supported	r opposed during the statement reporting period. Shall include title of bills, reseat or opposed.	colutions, and/or description of actions, permit,
BILL NO. 2831		
Note: The term "Expenditures" in Ordinance	No. 999 does not include attorney's fees protected by the attorney-cl	lient privilege.
(Hawaii Rules of Professional Conduct,		
(	,	
A DE M. AUMHODIAND DEDGON		
PART IV: AUTHORIZED PERSON		
Max W. J. Graham, Jr.		
Name of Authorized Person (First, Middle, La	ast) Signature of Authoriz	zed Person
Attorney	1/6/22	
Title	Date	
CEPTIFICATION, Describing this I	/ / / / / / / / / / / / / / / / / / /	41-4
OEMILFICATION: Dy checking this b	box or signing your name on this Statement, you certify and affirm	a that you are the person whose name

06/24/16

'22 JAN 19 P2:40

### 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: 2021



DIMIL	ANT TEAR.				and a set
DATE OF 01/19/		IAME OF LOBBYIST MAX W. J. GRAHAM, JR.			
	F PERSON OR ORGANIZATION Y	Committee of the commit	viate)	7.77 % 1.00	
	(AUAI LAGOONS TS LLC		,		
BUSINES	S MAILING ADDRESS	Street City	State	Zip Code	
4334 Ric	e Street, Suite 202, Lihue, Kaua	i, Hawaii 96766			
BUSINES (808) 246-	S TELEPHONE NO. 6962				
PART I: TO	OTAL EXPENDITURES				
List all expend	section is not applicable. enditures incurred in the total sum	f lobbying of \$25 or more per person per of \$25 or more per day were ma	ade for the fo		Amount
Date	Name of Recipient	Mailing Address (Street, City, State	, Zip)	Description of Expenditure	or Value
	TURES OF \$150 OR MORE PER litures incurred by lobbyist for the purpose of		er day during the	e reporting period. Attach additional sheet(s) if necessary.	
	section is not applicable. enditures incurred in the total sum	of \$150 or more per day were n	nade for the f	following persons:	
Date	Name of Recipient	Mailing Address (Street, City, State	. Zip)	Description of Expenditure	Amount or Value
			, 220	South of Bipondivero	

PART II: CONTRIBUTIONS		
CONTRIBUTIONS RECEIVED  ist all contributions received by lobbyist for the purpose of 987, as amended. Attach additional sheet(s) if necessary.	of lobbying in the total sum of \$25 or more per person during the statement period.	d pursuant to Sec. 3-6.5(c)(3), Kaua'i County Code
This section is not applicable. Contributions in the total sum of \$25 or	r more per person were received from the following persons:	
Date Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value
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PART III: SUBJECT AREAS OF LOBBYIN	NG	
regislative and/or administrative action supported or correment, or contract management that was supported	opposed during the statement reporting period. Shall include title of bills, re or opposed.	solutions, and/or description of actions, permit,
BILL NO. 2831		
Note: The term "Expenditures" in Ordinance N	No. 999 does not include attorney's fees protected by the attorney-c	client privilege.
(Hawaii Rules of Professional Conduct,	Rule 1.6)	
PART IV: AUTHORIZED PERSON		
Max W. J. Graham, Jr.		
Name of Authorized Person (First, Middle, Las	st) Signature of Authori	zed Person
Attorney	1/6/2	2_
litle	Date /	
CERTIFICATION: By checking this bo	ox or signing your name on this Statement, you certify and affirm	m that you are the person whose name
appears as the "Authorized Person" abo	ove and the information contained in the form is true, correct, and you understand that there are statutory penalties for failing	complete to the best of your knowledge

06/24/16

Ordinance No. 999.