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: 2022					
STATEMENT TEAR:				*23 JAN -9 A10	) :03
DATE OF FILING	NAME OF LOBBYIST	·			
January 6, 2023	MAX W. J. GRAHAM, JR.			as might be a profit	
NAME OF PERSON OR ORGANIZATI	ON YOU LOBBY FOR (Do not abbr	eviate)		THE COSH Y CL	₹17K
TOWER KAUAI LAGOONS, LLC	,	·		COUNTY OF KAS	
BUSINESS MAILING ADDRESS	Street City	State	Zip Code		
3135 Akahi Street, Suite A, Lihue, Ł	Kauai, Hawaii 96766				
BUSINESS TELEPHONE NO.		· · · · · · · · · · · · · · · · · · ·			
(808) 246-6962					
PART I: TOTAL EXPENDITURES				· · · · · · · · · · · · · · · · · · ·	
EXPENDITURES OF \$25 OR MORE I List all expenditures incurred by lobbyist for the pu		on day duning th	e a reporting paried. Atta	uch additional chart(s) if reas	000CM
List all expenattures incurred by loodyist for the pu	rpose of wooying of \$25 or more per person pe	er aay aaring in	ie reporting perioa. Au	исп шишиопиі впеец(s) і <sub>ї</sub> песе	essary.
This section is not applicable.					
Expenditures incurred in the total	l sum of \$25 or more per day were n	nade for the f	following persons:		
•	•			dituro	Amount
Date Name of Recipient	I sum of \$25 or more per day were n  Mailing Address (Street, City, State		following persons:  Description of Expen	diture	Amount or Value
•	•			diture	
•	•			diture	
•	•			diture	
•	•			diture	
•	•			diture	
•	Mailing Address (Street, City, Stat			diture	
Date Name of Recipient	Mailing Address (Street, City, States) PER PERSON PER DAY	se, Zip)	Description of Expen		or Value
Date Name of Recipient  EXPENDITURES OF \$150 OR MORE  List all expenditures incurred by lobbyist for the pu	Mailing Address (Street, City, States) PER PERSON PER DAY	se, Zip)	Description of Expen		or Value
EXPENDITURES OF \$150 OR MORE  List all expenditures incurred by lobbyist for the put  This section is not applicable.	Mailing Address (Street, City, States)  PER PERSON PER DAY  rpose of lobbying of \$150 or more per person p	se, Zip) per day during t	Description of Expen	tach additional sheet(s) if ne	or Value
EXPENDITURES OF \$150 OR MORE  List all expenditures incurred by lobbyist for the put  This section is not applicable.	Mailing Address (Street, City, States) PER PERSON PER DAY	se, Zip) per day during t	Description of Expen	tach additional sheet(s) if ne	or Value  cessary.  Amount
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EXPENDITURES OF \$150 OR MORE  List all expenditures incurred by lobbyist for the put  This section is not applicable.  Expenditures incurred in the total	Mailing Address (Street, City, State of PER PERSON PER DAY prose of lobbying of \$150 or more per person per lay were	per day during t	Description of Expen	tach additional sheet(s) if ne	or Value  cessary.  Amount
EXPENDITURES OF \$150 OR MORE  List all expenditures incurred by lobbyist for the put  This section is not applicable.  Expenditures incurred in the total	Mailing Address (Street, City, State of PER PERSON PER DAY prose of lobbying of \$150 or more per person per lay were	per day during t	Description of Expen	tach additional sheet(s) if ne	or Value  cessary.  Amount
EXPENDITURES OF \$150 OR MORE List all expenditures incurred by lobbyist for the put  This section is not applicable. Expenditures incurred in the total	Mailing Address (Street, City, State of PER PERSON PER DAY prose of lobbying of \$150 or more per person per lay were	per day during t	Description of Expen	tach additional sheet(s) if ne	or Value  cessary.  Amount

PART I	I: CONTRIBUTIONS		
List all co	IBUTIONS RECEIVED  ntributions received by lobbyist for the purpose of lo mended. Attach additional sheet(s) if necessary.	bbying in the total sum of \$25 or more per person during the statement per	riod pursuant to Sec. 3-6.5(c)(3), Kaua'i County Cod
X T	his section is not applicable. ontributions in the total sum of \$25 or mo	ore per person were received from the following persons:	
Date	Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value
PART I	II: SUBJECT AREAS OF LOBBYING		
	and/or administrative action supported or opported, and/or contract management that was supported or o	sed during the statement reporting period. Shall include title of bills, oposed.	resolutions, and/or description of actions, permit
BILL NO	D. 2831		
Note: T	he term "Expenditures" in Ordinance No. 9	999 does not include attorney's fees protected by the attorney	-client privilege.
(	Hawaii Rules of Professional Conduct, Ru	le 1.6)	
PART I	V: AUTHORIZED PERSON		
Max \	V. J. Graham, Jr.		
Name of	Authorized Person (First, Middle, Last)	Signature of Autho	rized Person
Attorr	ney	1161	23
Title		Date / L	
X c	ERTIFICATION: By checking this box or	signing your name on this Statement, you certify and affi	rm 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.