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ATTORNEYS AT LAW

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OF COUNSEL

MICHAEL J. BELLES DAVID W. PROUDFOOT DONALD H. WILSON

RECEIVED

January 11, 2024

'24 JAN 30 A10 :03

Office of the County Clerk Council Services Division County of Kauai 4396 Rice Street, Suite 209 Lihue, Kauai, Hawaii 96766 THE COUNTY CLERK
COUNTY OF KAUA'I

Re:

Cancellation of Lobbyists Registrations

Clients: Eric A. Knudsen Trust; SOF-XI Kauai PV Golf, L.P.;

PRW Princeville Development Company LLC;

and Tower Entities

Dear Sir or Madam:

Please be advised that effective January 11, 2024, I am cancelling my lobbyist registrations for the above-identified clients.

To close out this matter, I have enclosed the 2023 Lobbyist Contributions And Expenditures Statements for: Eric A. Knudsen Trust; SOF-XI Kauai PV Golf, L.P.; PRW Princeville Development Company LLC; and Tower Entities.

If you have any questions, please do not hesitate to contact me at (808) 246-6962.

Thank you very much.

Sincerely yours,

BELLES GRAHAM LLF

Max W. J. Graham, Jr.

MWJG:jgm Enclosures

Col

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: 2023

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DATE OF		NAME OF LOBBYIST					
	anuary 11, 2024 MAX W. J. GRAHAM, JR.						
	PERSON OR ORGANIZATION		oreviate)				
	NCEVILLE DEVELOPMENT COM				RECEN	/ P (1)	
I CONTRACTOR OF THE CONTRACTOR	S MAILING ADDRESS	Street City	State	Zip Code	\$ 18 Person hard forms 1 1	the track	
3135 Ak	ahi Street, Suite A, Lihue, Kau	uai, Hawaii 96766					
	S TELEPHONE NO.				.001		
(808) 246-	6962				*24 JAN 30	AIU 303	
PART I: T	OTAL EXPENDITURES				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OF-	
					THE COUNTY		
EXPENDI	TURES OF \$25 OR MORE PE litures incurred by lobbyist for the purpo.	R PERSON PER DAY	non dow during the	time social (
Dist dit expend	icus es incurred by toobytes for the purpo.	se of wooying of \$25 or more per person	per ady during me	reporting period. A	structi daditional s	heet(s) if necessary.	
X This	section is not applicable.						
	enditures incurred in the total su	ım of \$25 or more per day were	made for the fo	llowing person	s:		
				20.00			Amount
Date	Name of Recipient	Mailing Address (Street, City, S	tate, Zip)	Description of Exp	penditure		or Value
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EVDENDI	TURES OF \$150 OR MORE P	ED DEDCOM DED DAV					
	ditures incurred by lobbyist for the purpo		n per day during th	e reporting period.	Attach additional	sheet(s) if necessary	
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Date	Name of Recipient	Mailing Address (Street, City, S	tate Zin)	Description of Exp	penditure		Amount or Value
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PART II:	CONTRIBUTIONS					
List all contr 1987, as ame X Thi	BUTIONS RECEIVED ributions received by lobbyist for the purpose of lobbying in the total standed. Attach additional sheet(s) if necessary. Is section is not applicable. Intributions in the total sum of \$25 or more per person we	um of \$25 or more per person during the statement period pursuant to Sec ere received from the following persons:	:. 3-6.5(c)(3), Kaua'i County Code			
Date	Name of Contributor	Mailing Address (Street, City, State, Zip)	Amount or Value			
PART III	: SUBJECT AREAS OF LOBBYING					
	and/or administrative action supported or opposed during the state, or contract management that was supported or opposed.	tement reporting period. Shall include title of bills, resolutions, and/o	r description of actions, permit,			
GENERA	L PLAN UPDATE (BILL NO. 2666)					
Note: Th	e term "Expenditures" in Ordinance No. 999 does not inc	lude attorney's fees protected by the attorney-client privilege				
(H	awaii Rules of Professional Conduct, Rule 1.6)					
PART IV	: AUTHORIZED PERSON					
Max V	/. J. Graham, Jr.					
Name of A	Authorized Person (First, Middle, Last)	Signature of Authorized Person				
Attorn	ey	01/11/2024	01/11/2024			
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.