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RECEIVED

January 11, 2024

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Office of the County Clerk
Council Services Division
County of Kauai
4396 Rice Street, Suite 209
Lihue, Kauai, Hawaii 96766

OFFICE OF THE COUNTY CLERK
COUNTY OF KAUAI
VIA EMAIL ONLY

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 LLP

Max W. J. Graham, Jr.

MWJG:jgm
Enclosures



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

| | | | | |
|--|---|------|-------------------|----------|
| DATE OF FILING January 11, 2024 | NAME OF LOBBYIST MAX W. J. GRAHAM, JR. | | | |
| NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (Do not abbreviate) TOWER KAUAI LAGOONS 8, LLC | | | | |
| BUSINESS MAILING ADDRESS 3135 Akahi Street, Suite A, Lihue, Kauai, Hawaii 96766 | Street | City | State | Zip Code |
| BUSINESS TELEPHONE NO. (808) 246-6962 | | | 24 JAN 30 AIO :04 | |

PART I: TOTAL EXPENDITURES

EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List all expenditures incurred by lobbyist for the purpose of lobbying of \$25 or more per person per day during the reporting period. Attach additional sheet(s) if necessary.

☒

This section is not applicable.

☐

Expenditures incurred in the total sum of \$25 or more per day were made for the following persons:

| Date | Name of Recipient | Mailing Address (Street, City, State, Zip) | Description of Expenditure | Amount or Value |
|------|-------------------|--|----------------------------|-----------------|
| | | | | |
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EXPENDITURES OF \$150 OR MORE PER PERSON PER DAY

List all expenditures incurred by lobbyist for the purpose of lobbying of \$150 or more per person 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 more per day were made for the following persons:

| Date | Name of Recipient | Mailing Address (Street, City, State, Zip) | Description of Expenditure | Amount or Value |
|------|-------------------|--|----------------------------|-----------------|
| | | | | |
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PART II: CONTRIBUTIONS

CONTRIBUTIONS RECEIVED

List all contributions received by lobbyist for the purpose of 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 1987, as amended. Attach additional sheet(s) if necessary.

☒

This section is not applicable.

☐

Contributions in the total sum of \$25 or 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 LOBBYING

Legislative and/or administrative action supported or opposed during the statement reporting period. Shall include title of bills, resolutions, and/or description of actions, permit, procurement, or contract management that was supported or opposed.

BILL NO. 2831

Note: The term "Expenditures" in Ordinance No. 999 does not include attorney's fees protected by the attorney-client privilege.

(Hawaii Rules of Professional Conduct, Rule 1.6)

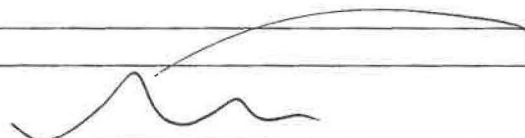
PART IV: AUTHORIZED PERSON

Max W. J. Graham, Jr.

Name of Authorized Person (First, Middle, Last)

Attorney

Title



Signature of Authorized Person

01/11/2024

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.