## BELLES GRAHAM LLP

ATTORNEYS AT LAW

MAX W.J. GRAHAM, JR. JONATHAN J. CHUN IAN K. JUNG

Federal I.D. No. 99-0317663

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> TELEPHONE NO: (808) 245-4705 FACSIMILE NO: (808) 245-3277 E-MAIL: mail@kauai-law.com

RECEIVED

January 11, 2024

24 JAN 30 MO :03

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

OF COUNSEL

MICHAEL J. BELLES

DAVID W. PROUDFOOT

DONALD H. WILSON

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 LLE

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 January 1		NAME OF LOBBYIST MAX W. J. GRAHAM, JR.			
	PERSON OR ORGANIZATION		hraviatal	and the following the following founds	
	(AUAI LAGOONS RETAIL, LLC	TOO LOBB! FOR (DO not ab	oreviate)	RECEIVED	
BUSINES	S MAILING ADDRESS	Street City	State	Zip Code	
3135 Aka	ahi Street, Suite A, Lihue, Kat	ıai, Hawaii 96766		no MO 03	
	S TELEPHONE NO.			24 JAN 30 A10 103	
(808) 246-	6962	700			
				TO CHEE OF	
PART I: To	OTAL EXPENDITURES			THE COUNTY OF ERK COUNTY OF KAUA'I	
				COUNTY OF KAUA'I	
	TURES OF \$25 OR MORE PE		non dan durin a th	e reporting period. Attach additional sheet(s) if necessa	
Dist all expend	itiales incurred by toobytst for the purpo.	e of wooying of \$25 or more per person	per day daring in	e reporting period. Attach daditional sheet(s) if necessa	ry.
X This	section is not applicable.				
Exp	enditures incurred in the total su	m of \$25 or more per day were	made for the fe	ollowing persons:	
Date	Name of Recipient	Mailing Address (Street, City, S	tato Zin	Description of Expenditure	Amount or Value
Date	Name of Recipient	Maning Address (Street, Oity, 5	tate, Zip)	Description of Expenditure	or value
	TURES OF \$150 OR MORE P			Lance Caracia I August 1170 and 1270 an	
List all expend	attures incurred by loodyist for the purpo	se of toodying of \$150 or more per perso	on per aay auring t	he reporting period. Attach additional sheet(s) if necess	ary.
X This	s section is not applicable.		•		
Exp	enditures incurred in the total su	ım of \$150 or more per day wei	e made for the	following persons:	34
Data	Name of Recipient	Mailing Address (Street City S	State Tie	Description of Franchitus	Amount or Value
Date	Name of Recipient	Mailing Address (Street, City, S	state, Zip)	Description of Expenditure	or value
				S S	

PART II: CONTRIBUTIONS				
1987, as amended. Attach additional sheet(s) if nec.  This section is not applicable.	urpose of lobbying in the total sum of \$25 or more p lessary. \$25 or more per person were received from		rsuant to Sec. 3-6.5(c)(3), Kaua'i County Code	
Date Name of Contributor	Mailing Address	Mailing Address (Street, City, State, Zip)		
PART III: SUBJECT AREAS OF LOB Legislative and/or administrative action support procurement, or contract management that was sup BILL NO. 2831	ed or opposed during the statement reporting per	riod. Shall include title of bills, resolut	tions, and/or description of actions, permit,	
Note: The term "Expenditures" in Ordina	ince No. 999 does not include attorney's fo	ees protected by the attorney-clien	nt privilege.	
(Hawaii Rules of Professional Con	duct, Rule 1.6)			
PART IV: AUTHORIZED PERSON				
Max W. J. Graham, Jr.				
Name of Authorized Person (First, Midd	e, Last)	Signature of Authorized Person		
Attorney		01/11/2024		
Title		Date		

 $\times$ 

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.