

## 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	•		23 JAN -9 A10:0	3
DATE OF FILING January 6, 2023	NAME OF LOBBYIST MAX W. J. GRAHAM, JR.		SHELLERY CLERY	
NAME OF PERSON OR ORGANIZATION TOWER KAUAI LAGOONS RETAIL, LLC	YOU LOBBY FOR (Do not abbreviate)		THE CAUSTY TLEM COUNTY OF KABA	i
BUSINESS MAILING ADDRESS	Street City Stat	e Zip Code		
3135 Akahi Street, Suite A, Lihue, Kau BUSINESS TELEPHONE NO. (808) 246-6962	iai, nawaii 90700			
PART I: TOTAL EXPENDITURES				
List all expenditures incurred by lobbyist for the purpos	se of lobbying of \$25 or more per person per day du	ring the reporting period. Attach	additional sheet(s) if necessary.	
This section is not applicable.  Expenditures incurred in the total su  Date  Name of Recipient	m of \$25 or more per day were made for  Mailing Address (Street, City, State, Zip)	the following persons:  Description of Expendit	ture	Amount or Value
Expenditures incurred in the total su	m of \$25 or more per day were made for	0.	ture	
Expenditures incurred in the total su		0.	ture	
Expenditures incurred in the total su		0.	ture	
Expenditures incurred in the total su		0.	ture	
Expenditures incurred in the total su  Date Name of Recipient  EXPENDITURES OF \$150 OR MORE PI  List all expenditures incurred by lobbyist for the purpos  This section is not applicable.	Mailing Address (Street, City, State, Zip)  ER PERSON PER DAY	Description of Expendit		or Value
Expenditures incurred in the total su  Date Name of Recipient  EXPENDITURES OF \$150 OR MORE PI  List all expenditures incurred by lobbyist for the purpos  This section is not applicable.	Mailing Address (Street, City, State, Zip)  ER PERSON PER DAY se of lobbying of \$150 or more per person per day d	Description of Expendit	ch additional sheet(s) if necessary.	or Value
Expenditures incurred in the total surplication.  Date Name of Recipient  EXPENDITURES OF \$150 OR MORE PI List all expenditures incurred by lobbyist for the purpose  This section is not applicable.  Expenditures incurred in the total surplication.	Mailing Address (Street, City, State, Zip)  ER PERSON PER DAY se of lobbying of \$150 or more per person per day d	Description of Expendit	ch additional sheet(s) if necessary.	or Value

PART	I: CONTRIBUTIONS		
List all co 1987, as o	mended. Attach additional sheet(s) if necessary.	ving in the total sum of \$25 or more per person during the statement per	iod pursuant to Sec. 3-6.5(c)(3), Kaua'i County Cod
	Contributions in the total sum of \$25 or more	e 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		
	e and/or administrative action supported or opposed int, or contract management that was supported or oppo	during the statement reporting period. Shall include title of bills, used.	resolutions, and/or description of actions, permit
BILL N	O. 2831		
- 40			
Note: 7	he term "Expenditures" in Ordinance No. 99	does not include attorney's fees protected by the attorney	-client privilege.
(1	Hawaii Rules of Professional Conduct, Rule 1	1.6)	
PART I	V: AUTHORIZED PERSON		
	N. I. O. I.		
	W. J. Graham, Jr.		
	Authorized Person (First, Middle, Last)	Signature of Author	rized Person
Attorr	ney	1/6/23	? D
Title		Date	<del></del>
$\boxtimes$ c	ERTIFICATION: By checking this box or s	igning 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.