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**LOBBYIST REGISTRATION STATEMENT**

You must file this statement with the Office of the County Clerk if you are an individual who for pay or other consideration engages in lobbying on behalf of another person, or organization, for more than five (5) hours in any month or spends more than \$750 lobbying during any reporting period (January 1<sup>st</sup> through December 31<sup>st</sup> of the previous year). NOTE THAT THIS IS A PUBLIC DOCUMENT.

(Type or Print Clearly)

NAME		Last	First	Middle
Texeira, Alan				
BUSINESS MAILING ADDRESS		Street	City	State Zip Code
800 Bethel Street, Suite 501, Honolulu, Hawaii 96813				
TELEPHONE NO.	E-MAIL			
808-369-1148	alan@avalonhi.com			
NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (do not abbreviate)				
Garden Isle Dream LLC				
BUSINESS MAILING ADDRESS		Street	City	State Zip Code
same				
BUSINESS TELEPHONE NO.				
same				

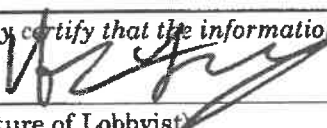
**SUBJECT AREAS OF LOBBYING**

(Bill/Resolution Number(s), Agenda Item(s), and/or Topic(s))

Land use entitlements, zoning and land use ordinances. Amendments to district boundries, general and community plans.


**CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

  
\_\_\_\_\_  
(Signature of Lobbyist)

6/12/2023  
\_\_\_\_\_  
(Date)

**AUTHORIZATION TO LOBBY**

NAME	TITLE OF AUTHORIZING OFFICER OF PERSON REPRESENTED			
Christine Camp	President & CEO			
NAME OF ORGANIZATION (if applicable)	TELEPHONE NO.			
Garden Isle Dream LLC	808-587-7773			
ADDRESS OF ORGANIZATION OR PERSON	Street	City	State	Zip Code
800 Bethel Street, Suite 501, Honolulu, Hawaii 96813				
I hereby authorize the above named person to engage in lobbying activities on behalf of the undersigned.				
 _____ (Signature of Authorizing Officer)			6/12/2023 _____ (Date)	