



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 1st through December 31st of the previous year). NOTE THAT THIS IS A PUBLIC DOCUMENT.

		(Type or Print	Clearly)		
NAME	Last	First	;	Middle	
	Lui-Kwan	Ivan		M.	
BUSINESS MAILIN	IG ADDRESS	Street	City	State	Zip Code
	733 Bisho	p Street, Suite 1900	Honolulu	Hawaii	96813
TELEPHONE NO.		E-MAIL			
(808) 537-6100		iluikwan@starnla	w.com		
NAME OF PERSON			OR (do not ab	breviate)	
	Geor	ge W. Van Buren			
BUSINESS MAILIN		Street	City	State	Zip Code
Hawaii Kai Corpora	te Plz., 6600 Kalar	nlanaole Hwy., Suite	212, Honolu	lu, Hawaii	96825
BUSINESS TELEPI	HONE NO.				
(808) 522-0420					
		UBJECT AREAS O			
		on Number(s), Agend			
County of Kauai actio	n with respect to S	PD II Makaiwa Reso	rts Developm	ent LLC's Proje	ct; land use entitlement
		ERTIFICATION O			
I hereby certify that t	the information fur	nished above is, to th	ie best of my l	knowledge, cori	rect and complete.
7	1 . 1		11/2	1/2023	
(Signature of Lobbyi	at)		(Data)	1 accs	
(Signature of Lobby)	80)	ž ,	(Daye)	<u> </u>	
		AUTHORIZATION			
NAME				ICER OF PER	SON REPRESENTED
George W. Van Buren NAME OF ORGANI	ZAMIONI (if applied	Foreclosure Commiss	ionei	ממים זיטית	IONE NO.
NAME OF ORGANI	ZATION (II applica	rpre)		(808) 522	
ADDRESS OF ORGA	ANIZATION OR PI	ERSON Street	City	State Zi	p Code
Hawaii Kai Corporate F			Honolulu	Hawaii 9	96825
I hereby authorize the abo	ve-named person to eng	age in lobbying activities	on behalf of the i	indersigned.	
A-W		November 29, 2023			
(Signature of Author		(Date)			
6/24/16					
ITALITO					