



HONOLULU ETHICS COMMISSION
 925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768
 Email: ethics@honolulu.gov
 Website: <http://www.honolulu.gov/ethics/>

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HONOLULU
 ETHICS COMMISSION
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2020 REGISTRATION

Lobbyist Registration
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) KAGAWA, LAUREN K.O.		
LOBBYIST FIRM/EMPLOYER (if applicable) STARN O'TOOLE MARCUS & FISHER		TELEPHONE (808) 537-6100
MAILING ADDRESS (No. and Street or P.O. Box) 733 BISHOP STREET, SUITE 1900		FAX (808) 537-5434
		EMAIL lkagawa@starnlaw.com
(City) HONOLULU	(State) HAWAII	(Zip Code) 96813

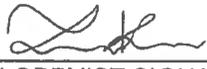
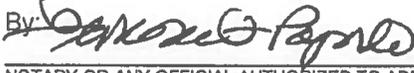
PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) BRE Turtle Bay Resort LLC (formerly known as Turtle Bay Resort, LLC)		TELEPHONE (808) 293-6000
MAILING ADDRESS (No. and Street or P.O. Box) 57-091 KAMEHAMEHA HIGHWAY		FAX
		EMAIL
(City) KAHUKU	(State) HAWAII	(Zip Code) 96731
ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)		<input checked="" type="checkbox"/> Not Applicable
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		<input checked="" type="checkbox"/> Not Applicable

PART II.B NO LONGER LOBBYING	
<input type="checkbox"/> I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE

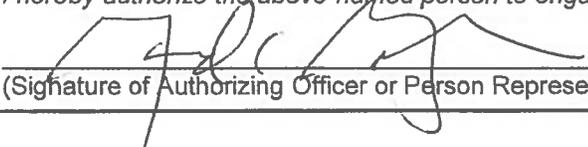
PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input checked="" type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p></p> <p>_____ LOBBYIST SIGNATURE</p> <p>1/27/20 _____ DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>27</u> day of <u>January</u>, <u>2020</u>.</p> <p>By <u></u></p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS <u></u> LS My commission expires: <u>6/12/2022</u></p>
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PART V AUTHORIZATION TO LOBBY

NAME GERARD C. GIBSON		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED VICE PRESIDENT	
NAME OF ORGANIZATION (if applicable) BRE Turtle Bay Resort LLC (formerly known as Turtle Bay Resort, LLC)		TELEPHONE (808) 293-6000	
MAILING ADDRESS (No. and Street or P.O. Box) 57-091 KAMEHAMEHA HIGHWAY		FAX	
		EMAIL	
(City) KAHUKU	(State) HAWAII	(Zip Code) 96731	
<p><i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i></p> <p> _____</p> <p>(Signature of Authorizing Officer or Person Represented) 1/29/20 _____ (Date)</p>			

NOTARY CERTIFICATION STATEMENT

Doc. Date: 1/27/20 Undated at time of notarization

Document Description: Honolulu Ethics Commission - 2020
Lobbyist Registration (Lauren K.O. Kagawa)

No. of Pages: 3

Jurisdiction: First Judicial Circuit
Honolulu, Hawaii

[Signature]

1/27/20

Signature of Notary

Date of Notarization and
Certification Statement

LS

Florence F Paparone

MY COMMISSION EXPIRES

(Official Stamp or Seal)

Printed Name of Notary

6/12/2022



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 925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

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2020 REGISTRATION

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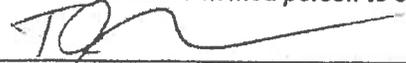
PART I LOBBYIST		
NAME (Last) (First) (Middle) KAGAWA, LAUREN K. O.		
LOBBYIST FIRM/EMPLOYER (if applicable) STARN O'TOOLE MARCUS & FISHER	TELEPHONE (808) 537-6100	
MAILING ADDRESS (No. and Street or P.O. Box) 733 BISHOP STREET, SUITE 1900	FAX (808) 537-5434	
	EMAIL lkagawa@starnlaw.com	
(City) HONOLULU	(State) HAWAII	(Zip Code) 96813

PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) PARK HOTELS & RESORTS INC.	TELEPHONE (571) 302-5757	
MAILING ADDRESS (No. and Street or P.O. Box) 1775 TYSONS BOULEVARD, 7TH FLOOR	FAX	
	EMAIL	
(City) TYSONS	(State) VIRGINIA	(Zip Code) 22102
ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)		<input checked="" type="checkbox"/> Not Applicable
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		<input checked="" type="checkbox"/> Not Applicable

PART II.B NO LONGER LOBBYING	
<input type="checkbox"/> I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY		
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<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
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<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (Indicate below):		

PART IV LOBBYIST CERTIFICATION	
<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p> LOBBYIST SIGNATURE</p> <p>12/30/19. DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>30</u> day of <u>December</u>, 2019.</p> <p>By:  <small>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</small> <u>Fidencia Fajardo</u> My commission expires: <u>4/12/2022</u> <u>LS</u> <u>3 Pages 2020 Registration</u></p>

PART V AUTHORIZATION TO LOBBY		
NAME THOMAS J. BALTIMORE, JR.	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED PRESIDENT AND CEO	
NAME OF ORGANIZATION (if applicable) PARK HOTELS & RESORTS INC.	TELEPHONE (571) 302-5757	
MAILING ADDRESS (No. and Street or P.O. Box) 1775 TYSONS BOULEVARD, 7TH FLOOR	FAX	
	EMAIL	
(City) TYSONS	(State) VIRGINIA	(Zip Code) 22102
<p><i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i></p> <p> (Signature of Authorizing Officer or Person Represented)</p> <p>11/5/20 (Date)</p>		

NOTARY CERTIFICATION STATEMENT

Doc. Date: 12/30/19 Undated at time of notarization

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Registration (Lauren K.O. Kagawa)

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Honolulu, Hawaii

Florence F. Pardo

12/30/19

Signature of Notary

Date of Notarization and
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Florence F. Pardo

My Commission Expires: 6/12/2022 (Official Stamp or Seal)

Printed Name of Notary

6/12/2022