



## HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813  
or P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: (808) 587-0460 FAX: (808) 587-0470  
email: [ethics@hawaiiethics.org](mailto:ethics@hawaiiethics.org)  
Web site: [www.hawaii.gov/ethics](http://www.hawaii.gov/ethics)

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NOTE: This is a public document.

## LOBBYIST REGISTRATION FORM

STATE OF HAWAII  
STATE ETHICS COMMISSION

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
PAVLICEK	MELISSA	TEVES	(808) 447-1840
MAILING ADDRESS (Street)			FAX (808) 523-3712
841 BISHOP STREET, SUITE 2100			EMAIL MPAVLICEK@HAWAIIPUBLICPOLICY.
(City)	(State)	(Zip Code)	
HONOLULU	HAWAII	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
HAWAII PUBLIC POLICY ADVOCATES, LLC			(808) 447-1840
MAILING ADDRESS (Street)			FAX (808) 523-3712
841 BISHOP STREET, SUITE 2100			EMAIL INFO@HAWAIIPUBLICPOLICY.COM
(City)	(State)	(Zip Code)	
HONOLULU	HAWAII	96813	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Society for Human Resource Management - Hawaii Chapter			(808) 447-1840
MAILING ADDRESS (Street)			FAX (808) 523-3712
PO BOX 3175			EMAIL SHRMHAWAII@HAWAIIIBIZ.RR.COM
(City)	(State)	(Zip Code)	
HONOLULU	HAWAII	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
STEVETTE SANTIAGO			(808) 447-1840
MAILING ADDRESS (Street)			FAX (808) 523-3712
C/O 841 BISHOP STREET, SUITE 2100			EMAIL
(City)	(State)	(Zip Code)	
HONOLULU	HAWAII	96813	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

<input type="checkbox"/> Agriculture	<input checked="" type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input checked="" type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	_____

**PART IV CERTIFICATION OF LOBBYIST**

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

*Shel Tarte*

*1/28/13*

(Signature of Lobbyist)

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
STEVETTE SANTIAGO		STATE CHAPTER PRESIDENT	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Society for Human Resource Management - Hawaii Chapter		(808) 447-1840	
MAILING ADDRESS (Street)		FAX (808) 523-3712	
C/O 841 BISHOP STREET, SUITE 2100		EMAIL	
(City)	(State)	(Zip Code)	
HONOLULU	HAWAII	96813	

*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*

*[Signature]*

*1/25/13*

(Signature of Authorizing Officer or Person Represented)

(Date)