



HAWAII STATE ETHICS COMMISSION
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NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

STATE OF HAWAII
 STATE ETHICS COMMISSION

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Lichty	Pamela	G.	808 224-3056
MAILING ADDRESS (Street)			FAX 808 735-8001
P. O. Box 240323			EMAIL pamelalichty@gmail.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96824-0323	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Drug Policy Action Group			808 224-3056
MAILING ADDRESS (Street)			FAX
P.O. Box 240323			EMAIL pamelalichty@gmail.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96824-0323	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Pamela Lichty			808 224-3056
MAILING ADDRESS (Street)			FAX
P.O. Box 420323			EMAIL pamelalichty@gmail.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96824-0323	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input 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 type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" 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 checked="" type="checkbox"/> Public Safety & Corrections	_____

PART IV CERTIFICATION OF LOBBYIST	
<i>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
<u>Pamela G. Lichty</u>	<u>Feb. 15, 2013</u>
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Pamela Lichty	President	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
Drug Policy Action Group	808 224-3056	
MAILING ADDRESS (Street)	FAX	
PO Box 240323	EMAIL	
	pamelalichty@gmail.com	
(City)	(State)	(Zip Code)
Honolulu	HI	96824-0323
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
<u>Pamela G. Lichty</u>	<u>Feb. 15, 2013</u>	
(Signature of Authorizing Officer or Person Represented)	(Date)	