



HAWAII STATE ETHICS COMMISSION
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STATE OF HAWAII
 STATE ETHICS COMMISSION

NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Steiner	Mary	M	356-2217
MAILING ADDRESS (Street)			FAX 955-6034
2169 Ahaku Place			EMAIL msteiner@hawaiianhumane.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96821	
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
Hawaiian Humane Society			946-2187
MAILING ADDRESS (Street)			FAX 946 955-6034
2700 Waiālae Avenue			EMAIL hhs@hawaiianhumane.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96826	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
MARY Steiner			356-2217
MAILING ADDRESS (Street)			FAX 955-6034
2700 Waiālae Avenue			EMAIL msteiner@hawaiianhumane.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96826	

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 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>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
<u>Mary Slem</u> (Signature of Lobbyist)	<u>1/3/2014</u> (Date)

PART V AUTHORIZATION TO LOBBY	
NAME <u>Pamela Burns</u>	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED <u>President</u>
NAME OF ORGANIZATION (if applicable) <u>Hawaiian Humane Society</u>	TELEPHONE <u>946-9067</u>
MAILING ADDRESS (Street) <u>2700 Waiialae Avenue Honolulu HI</u>	FAX
(City) <u>Honolulu</u> (State) <u>HI</u>	EMAIL <u>PBurns@hawaiianhumane.org</u>
(Zip Code) <u>96826</u>	(Zip Code)
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>	
<u>Pamela Burns</u> (Signature of Authorizing Officer or Person Represented)	<u>1-06-14</u> (Date)