# EMAIL

HAWAII STATE ETHICS COMMISSION
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STATE OF HAWAII
ETHICS COMMISSION

NOTE: This is a public document.

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

**PART I LOBBYIST**

| NAME (Last) | (First) | (Middle) | TELEPHONE |
|---|---|---|---|
| Steiner | | | 808-225-4563 |
| MAILING ADDRESS (Street) | | | FAX |
| 2169 Ahaku Place | | | EMAIL mmsteiner@hawaii.rr.com |
| (City) | (State) | | (Zip Code) |
| Honolulu | HI | | 96821 |

| EMPLOYING ORGANIZATION (Filled 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 |
|---|---|---|
| Compassion and Choices | | 303-639-1202 |
| MAILING ADDRESS (Street) | | FAX |
| P.O. Box 101810 | | EMAIL |
| (City) | (State) | (Zip Code) |
| Denver | Co | 80250 |

| NAME OF PERSON RESPONSIBLE FOR FILING ORGANIZATION'S EXPENDITURES STATEMENT | | TELEPHONE |
|---|---|---|
| Marcia Campos | | 800-247-7421 |
| MAILING ADDRESS (Street) | | FAX 303-639-1224 |
| P.O. Box 101810 | | EMAIL mcampos@compassionandchoices.org |
| (City) | (State) | (Zip Code) |
| Denver | CO | 80250 |

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

| | | | |
|---|---|---|---|
| Agriculture | [illegible] | Human Services | Science, Technology & Economic Development |
| Communications & Public Utilities | [illegible] Operations & [illegible] | Intergovernmental Relations, International Affairs | Tourism & Recreation |
| Consumer Protection & Commerce | [illegible] | Labor & Employment | Transportation |
| Culture, Arts, Historic Preservation | [illegible] | Planning, Land & Water Use Management | ✓ Other (indicate below) End-of-Life care |
| Ecology, Energy Environmental Protection | [illegible] | Public Safety & Corrections | |

## PART IV CERTIFICATION OF [illegible]

*I hereby certify that the [illegible] listed above is, to the best of my knowledge, correct and complete.*

Mary [illegible] — 1/7/2013

(Signature of [illegible]) — (Date)

## PART V AUTHORIZATION [illegible]

| NAME | TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED |
|---|---|
| Marcia Campbell | CFO |

| NAME OF ORGANIZATION [illegible] | TELEPHONE |
|---|---|
| Compassion & Choices | 800-247-7421 |
| MAILING ADDRESS [illegible] | FAX 303-639-1224 |
| PO Box 101810 | EMAIL mcampbell@compassionandchoices.org |

| (City) | (State) | (Zip Code) |
|---|---|---|
| Denver | CO | 80250 |

*I hereby authorize the above [illegible] person to engage in lobbying activities on behalf of the undersigned.*

Marcia A. Campbell — 1/8/13

(Signature of [illegible] Person Represented) — (Date)