ORIGINAL

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
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Web site: www.hawaii.gov/ethics

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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
Steiner	Mary		808-225-4563
MAILING ADDRESS (Street)			FAX
2169 Ahaku Place			EMAIL mmsteiner@hawaii.rr.com
(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
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 PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Marcia Campbell		800-247-7421
MAILING ADDRESS (Street)		FAX 303-639-1224
P.O. Box 101810		EMAIL m.campbell@compassionandchoices.org
(City)	(State)	(Zip Code)
Denver	CO	80250

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Health Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Law	Planning, Land & Water Use Management	✓ Other (indicate below) End-of-life care
Ecology, Energy Environmental Protection	Housing	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.

Mary Stern — 1/7/2013

(Signature of Lobbyist) (Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Marcia Campbell	CFO

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Compassion & Choices	800-247-7421
MAILING ADDRESS (Street)	FAX 303-639-1224
PO Box 101810	EMAIL mcampbell@compassionandchoices.org

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

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

Marcia A Campbell — 1/8/13

(Signature of Authorizing Officer or Person Represented) (Date)