



HAWAII STATE ETHICS COMMISSION
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 TEL: (808) 587-0460 FAX: (808) 587-0470
 email: ethics@hawaiiethics.org
 Web site: www.hawaii.gov/ethics

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STATE OF HAWAII
 STATE ETHICS COMMISSION

NOTE: This is a public document.

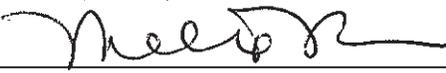
LOBBYIST REGISTRATION FORM

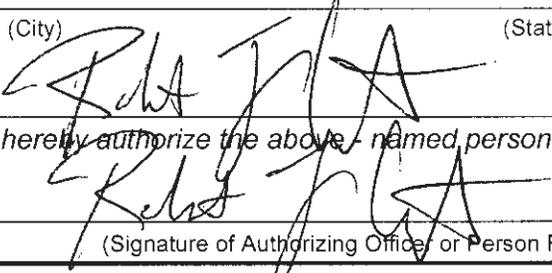
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Pavlicek	Melissa	T	808-447-1840
MAILING ADDRESS (Street)			FAX 808-523-3712
841 Bishop Street, Suite 2100			EMAIL mpavlicek@hawaiipublicpolicy.com
(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 mpavlicek@hawaiipublicpolicy.com
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Times Supermarket		209-957-2555 x153
MAILING ADDRESS (Street)		FAX 209-956-8550
8014 LOWER SACRAMENTO RD. STE 1		EMAIL Bob.Gutierrez@paginc.com
(City)	(State)	(Zip Code)
STOCKTON,	CA	95210
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
ROBERT GUTIERREZ		209-957-2555 x153
MAILING ADDRESS (Street)		FAX 209-956-8550
8014 LOWER SACRAMENTO RD. STE. 1		EMAIL Bob.Gutierrez@paginc.com
(City)	(State)	(Zip Code)
STOCKTON	CA	95210

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 checked="" 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 checked="" 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.	
	1/13/15
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY			
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
TIMES SUPER MARKET			
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
8014 LOWER STOCKTON SACRAMENTO RD. STE. 1		209-957-2555 x153	
MAILING ADDRESS (Street)		FAX	
STOCKTON CALIFORNIA 95210		209-950-8550	
(City)	(State)	EMAIL	
		Bob.Gutierrez@paginc.com	
(Zip Code)			
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.			
		1/13/15	
(Signature of Authorizing Officer or Person Represented)		(Date)	