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
Slovin	Gary	M	539-0400
MAILING ADDRESS (Street)			FAX 533-4945
999 Bishop Street, Suite 1400			EMAIL gslovin@awlaw.com
(City)	(State)		(Zip Code)
Honolulu	HI		96813
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Slovin & Ito, LLP			539-0400
MAILING ADDRESS (Street)			FAX 533-4945
999 Bishop Street, Suite 1400			EMAIL
(City)	(State)		(Zip Code)
Honolulu	HI		96813

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Covanta Energy		862-345-5062
MAILING ADDRESS (Street)		FAX
445 South Street		EMAIL
(City)	(State)	(Zip Code)
Morristown	NJ	07960
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Paula Soos		862-345-5062
MAILING ADDRESS (Street)		FAX
445 South Street		EMAIL PSoos@CovantaEnergy.com
(City)	(State)	(Zip Code)
Morristown	NJ	07960

REC'D BY HAND DELIVERY

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	☐ Hawaiian Affairs	☑ Labor & Employment	☐ Transportation
☐ Culture, Arts, Historic Preservation	☐ Health	☐ Planning, Land & Water Use Management	☐ Other: (indicate below)
☑ 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.

(Signature of Lobbyist) — 1/16/2015 (Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Paula Soos	

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Covanta Energy	862-345-5062
MAILING ADDRESS (Street)	FAX
445 South Street	EMAIL PSoos@CovantaEnergy.com

(City)	(State)	(Zip Code)
Morristown	NJ	07960

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

(Signature of Authorizing Officer or Person Represented) — 1/15/15 (Date)