**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
 email: ethics@hawaiiethics.org
 Web site: www.hawaii.gov/ethics

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*15 JAN 29 A11 :46

NOTE: This is a public document.

LOBBYIST REGISTRATION FORMSTATE OF HAWAII
STATE ETHICS COMMISSION

(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	

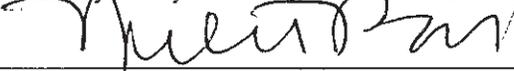
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Kahi Mohala Behavioral Health			808 671-8511
MAILING ADDRESS (Street)			FAX 808 677-2570
91-2301 Old Fort Weaver Road			EMAIL hinesl@kahi.org
(City)	(State)	(Zip Code)	
Ewa Beach	HI	96706	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Leonard Licina			(808) 677-2503
MAILING ADDRESS (Street)			FAX (808) 677-2570
91-2301 Old Fort Weaver Road			EMAIL licina1@kahi.org
(City)	(State)	(Zip Code)	
Ewa Beach	HI	96706	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input checked="" 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 checked="" 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 checked="" 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.



(Signature of Lobbyist)

1/27/15

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

Leonard Licina

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

CEO

NAME OF ORGANIZATION (if applicable)

Kahi Mohala

TELEPHONE

(808) 671-8511

MAILING ADDRESS (Street)

91-2301 Old Fort Weaver Road

FAX (808) 677-2570

EMAIL
llicina12kahi.org

(City)

Ewa Beach

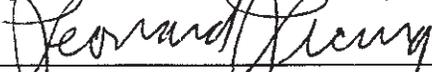
(State)

HI

(Zip Code)

96706

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



(Signature of Authorizing Officer or Person Represented)

1-27-15

(Date)