



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

THIS SPACE FOR OFFICE USE ONLY

*15 JAN 30 P1:56

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
Bishop Museum			(808) 848-4161
MAILING ADDRESS (Street)			FAX
1525 Bernice Street			EMAIL bcollis@bishopmuseum.org
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96817	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Blair D. Collis			
MAILING ADDRESS (Street)			FAX
1525 Bernice Street			EMAIL bcollis@bishopmuseum.org
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96817	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input checked="" type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input checked="" 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 checked="" type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input checked="" type="checkbox"/> Culture, Arts, Historic Preservation	<input 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 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.	
	1/29/15
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY	
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Blair D. Collis	President and CEO
NAME OF ORGANIZATION (if applicable)	TELEPHONE
Bishop Museum	(808) 847-8216
MAILING ADDRESS (Street)	FAX
1525 Bernice Street	EMAIL
(City) (State)	bcollis@bishopmuseum.org
Honolulu Hawaii	(Zip Code)
	96817
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.	
	1/30/15
(Signature of Authorizing Officer or Person Represented)	(Date)