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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STATE OF HAWAII
STATE ETHICS COMMISSION

NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) Pavlicek	(First) Melissa	(Middle) T	TELEPHONE 808-447-1840
MAILING ADDRESS (Street) 841 Bishop Street, Suite 2100			FAX 808-523-3712 EMAIL mpavlicek@hawaiipublicpolicy.com
(City) Honolulu	(State) Hawaii		(Zip Code) 96813
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) Hawaii Public Policy Advocates, LLC			TELEPHONE 808-447-1840
MAILING ADDRESS (Street) 841 Bishop Street, Suite 2100			FAX 808-523-3712 EMAIL mpavlicek@hawaiipublicpolicy.com
(City) Honolulu	(State) Hawaii		(Zip Code) 96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Safeway Inc.		TELEPHONE 925/467. 2212
MAILING ADDRESS (Street) 680 Iwilei Road		FAX EMAIL Keith.Turner@safeway.com
(City) Honolulu	(State) HI	(Zip Code) 96817
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Keith W. Turner		TELEPHONE 925/467. 2212
MAILING ADDRESS (Street) 5918 Stoneridge Mall Road		FAX EMAIL
(City) Pleasanton	(State) CA	(Zip Code) 94588

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) — 1-26-15 (Date)

PART V AUTHORIZATION TO LOBBY

NAME: Keith W. Turner

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED: Director, Public + Govt. Affairs

NAME OF ORGANIZATION (if applicable): Safeway, Inc.

TELEPHONE: 925/467.2212

MAILING ADDRESS (Street): 5918 Stoneridge Mall Road

FAX:

EMAIL: Keith.Turner@safeway.com

(City): Pleasanton (State): CA (Zip Code): 94588

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

(Signature of Authorizing Officer or Person Represented) — 1-26-15 (Date)