



**HAWAII STATE ETHICS COMMISSION**  
 1001 BISHOP STREET, HONOLULU, HAWAII 96813  
 or P.O. BOX 616, HONOLULU, HAWAII 96809  
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STATE OF HAWAII  
 STATE ETHICS COMMISSION

NOTE: This is a public document.

**LOBBYIST REGISTRATION FORM**

(Type or Print Clearly)

<b>PART I LOBBYIST</b>		
NAME (Last) Evensen	(First) Stacy	(Middle) 
TELEPHONE 808-524-4155		
MAILING ADDRESS (Street) 1000 Bishop Street, Suite 503		FAX 808-524-0573
		EMAIL stacyevensen@gmail.com
(City) Honolulu	(State) HI	(Zip Code) 96813
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) BT Consulting, Inc. dba Advocates		TELEPHONE same
MAILING ADDRESS (Street) same		FAX
		EMAIL
(City)	(State)	(Zip Code)

<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Psychiatric Medical Association		TELEPHONE 800-572-3015
MAILING ADDRESS (Street) 4348 Waiialae Avenue		FAX
		EMAIL office@hawaiipsychiatry.org
(City) Honolulu	(State) HI	(Zip Code) 96816
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT JULIENNE ONG AULWES		TELEPHONE same
MAILING ADDRESS (Street) same		FAX
		EMAIL same
(City)	(State)	(Zip Code)

**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 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 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.

*Greg Edman*

(Signature of Lobbyist)

2-19-16

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

JULIENNE ONG AULWES

PRESIDENT

NAME OF ORGANIZATION (if applicable)

HAWAII PSYCHIATRIC MEDICAL ASSOCIATION

TELEPHONE

800-572-3015

MAILING ADDRESS (Street)

4348 WAIALAE AVE

FAX

EMAIL

office@hawaiiipsychiatry.org

(City)

HONOLULU

(State)

HI

(Zip Code)

96816

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

*[Signature]*

(Signature of Authorizing Officer or Person Represented)

2/19/2016

(Date)