



HONOLULU ETHICS COMMISSION
 925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768
 Email: ethics@honolulu.gov
 Website: <http://www.honolulu.gov/ethics/>

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 HONOLULU
 ETHICS COMMISSION
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2020 REGISTRATION
 Lobbyist Registration
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Pavlicek, Melissa		
LOBBYIST FIRM/EMPLOYER (if applicable) Hawaii Public Policy Advocates, LLC		TELEPHONE 808-447-1840
MAILING ADDRESS (No. and Street or P.O. Box) 1099 Alakea Street, Suite 2530		FAX
		EMAIL mpavlicek@hawaiipublicpolicy.com
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Building Owners and Managers Association Hawaii		TELEPHONE 808-447-1840
MAILING ADDRESS (No. and Street or P.O. Box) 1099 Alakea Street, Suite 2530		FAX
		EMAIL bae@bomahawaii.com
(City) Honolulu	(State) HI	(Zip Code) 96813
ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members) 125		<input type="checkbox"/> Not Applicable
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		<input checked="" type="checkbox"/> Not Applicable

PART II.B NO LONGER LOBBYING	
<input type="checkbox"/> I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

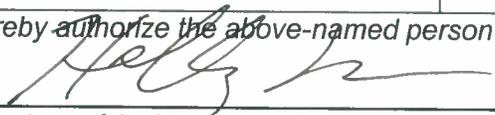
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p></p> <p>_____ LOBBYIST SIGNATURE</p> <p>1/31/20</p> <p>_____ DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>31</u> day of <u>January</u>, <u>2020</u>.</p> <p>By: </p> <p>_____ NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>12/29/2022</u></p>
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PART V AUTHORIZATION TO LOBBY

NAME Holly Morikami	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President
NAME OF ORGANIZATION (if applicable) Building Owners and Mangers Association Hawaii	TELEPHONE 808-447-1840
MAILING ADDRESS (No. and Street or P.O Box) 1099 Alakea Street, Suite 2530	FAX EMAIL bae@bomahawaii.com
(City) Honolulu	(State) HI
(Zip Code) 96813	
<p><i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i></p> <p></p> <p>_____ (Signature of Authorizing Officer or Person Represented)</p> <p style="text-align: right;">1/16/20 _____ (Date)</p>	



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2020 REGISTRATION

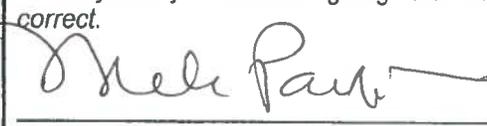
Lobbyist Registration
 (Type or Print Clearly)

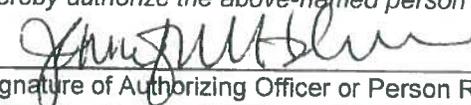
PART I LOBBYIST		
NAME (Last) (First) (Middle) Pavlicek Melissa		
LOBBYIST FIRM/EMPLOYER (if applicable) Hawaii Public Policy Advocates, LLC		TELEPHONE 808-447-1840
MAILING ADDRESS (No. and Street or P.O. Box) 1099 Alakea Street, Suite 2530		FAX
		EMAIL mpavlicek@hawaiipublicpolicy.com
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Schnitzer Steel Hawaii Corp		TELEPHONE 503-708-9714
MAILING ADDRESS (No. and Street or P.O. Box) 91-056 Hanua Street		FAX
		EMAIL jHUDSON@SCHN.COM
(City) Kapolei	(State) HI	(Zip Code) 96707
ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)		<input checked="" type="checkbox"/> Not Applicable
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		<input checked="" type="checkbox"/> Not Applicable

PART II.B NO LONGER LOBBYING	
<input type="checkbox"/> I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY		
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART IV LOBBYIST CERTIFICATION	
<i>I hereby certify that the foregoing statements are true and correct.</i>  _____ LOBBYIST SIGNATURE 1/31/20 _____ DATE	Subscribed and sworn to before me This <u>31</u> day of <u>January</u> , 20 <u>20</u> By:  _____ NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>12/29/2022</u> 

PART V AUTHORIZATION TO LOBBY		
NAME Jennifer Hudson	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Assistant General Counsel	
NAME OF ORGANIZATION (If applicable) Schnitzer Steel Hawaii Corp	TELEPHONE 503-708-9714	
MAILING ADDRESS (No. and Street or P.O. Box) 91-056 Hanua Street	FAX	EMAIL jhudson@schn.com
(City) Kapolei	(State) HI	(Zip Code) 96707
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>		
 _____ (Signature of Authorizing Officer or Person Represented)		<u>Jan 22, 2020</u> _____ (Date)