



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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2019 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
(City) Honolulu		EMAIL mpavlicek@hawaiipublicpolicy.com
(State) HI	(Zip Code) 96813	

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

PART II.B NO LONGER LOBBYING	
<input checked="" type="checkbox"/> I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE 1/28/2019

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

<input 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><u>2-15-19</u> _____ DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>19th</u> day of <u>February</u>, <u>2019</u>.</p> <p>By: </p> <p>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS <u>Charlotte Nakayama</u> My commission expires: <u>09/18/2022</u> ls</p>
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PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
MAILING ADDRESS (No. and Street or P.O. Box)		FAX	
		EMAIL	
(City)	(State)	(Zip Code)	
<p><i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i></p> <p>_____ (Signature of Authorizing Officer or Person Represented)</p> <p>_____ (Date)</p>			



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		EMAIL mpavlicek@hawaiipublicpolicy.com
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Safeway		TELEPHONE
MAILING ADDRESS (No. and Street or P.O. Box) 5918 Stonebridge Mall Road		FAX
		EMAIL
(City) Pleasanton	(State) CA	(Zip Code) 94588
ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members) <input type="checkbox"/> Not Applicable		
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS <input type="checkbox"/> Not Applicable		

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<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 style="text-align: center;">2-15-19</p> <p>_____ DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>15th</u> day of <u>February</u>, <u>2019</u>.</p> <p>By: </p> <p>_____ NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS Charlotte Nakayama</p> <p>My commission expires: <u>09/18/2022</u> 13</p>
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(City)	(State)	(Zip Code)	
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_____ (Signature of Authorizing Officer or Person Represented)			_____ (Date)