



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

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

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 ETHICS COMMISSION  
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# 2019 ANNUAL REPORT

Lobbyist Annual Report  
 (January 1 – December 31, 2019)  
 (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 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

## PART III EXPENDITURES, BY TYPE

Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other <input type="checkbox"/> Additional Sheet(s) Attached	
TOTAL $\phi$			

by Amanda Tokita 1-31-2020  
 in person

**PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING**

Fees	Amount
Compensation	Amount \$3,000
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a

**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

<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 VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2019), passed)**

1.	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

**PART VII 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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