



**HAWAII STATE ETHICS COMMISSION**  
 1001 BISHOP STREET, HONOLULU, HAWAII 96813  
 or P.O. BOX 616, HONOLULU, HAWAII 96809  
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NOTE: This is a public document.

**LOBBYIST REGISTRATION FORM**  
 (Type or Print Clearly)

STATE OF HAWAII  
 STATE ETHICS COMMISSION

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

<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Coalition for a Tobacco-Free Hawaii	TELEPHONE <i>203</i> 591-6508 x 242	
MAILING ADDRESS (Street) 320 Ward Ave., Ste. 212	FAX <del>808-946-6197</del>	
(City) Honolulu	(State) HI	EMAIL Jessica@tobaccofreehawaii.org
(Zip Code) 96814		TELEPHONE same
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Jessica Yamaduchi	FAX same	
MAILING ADDRESS (Street) same	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 checked="" type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" 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 checked="" type="checkbox"/> Public Safety & Corrections	_____

PART IV CERTIFICATION OF LOBBYIST	
<i>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
<i>Jessie Kookola</i>	<i>1/29/13</i>
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Jessica Yamauchi		
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
Coalition for a Tobacco Free Hawaii	808-591-6509 x-242	203
MAILING ADDRESS (Street)	FAX	
320 Ward Ave., Ste. 212	same	
	EMAIL	
	Jessica@tobaccorfreehawaii.org	
(City)	(State)	(Zip Code)
Honolulu	HI	96814
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
<i>Jessie Yamauchi</i>	<i>1/23/13</i>	
(Signature of Authorizing Officer or Person Represented)	(Date)	