HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, HONOLULU, HAWAII 96813
or P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: (808) 587-0460 FAX: (808) 587-0470
email: ethics@hawaiiethics.org
Web site: www.hawaii.gov/ethics

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STATE OF HAWAII
STATE ETHICS COMMISSION

NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Lyons	Timothy	L.	808-537-4308
MAILING ADDRESS (Street)			FAX 808-533-2739
1188 Bishop St., Ste. 1003			EMAIL timlyons@hawaiiantel.net
(City)	(State)		(Zip Code)
Honolulu	HI		96813-3304
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
TLC - The Legislative Center			808-537-4308
MAILING ADDRESS (Street)			FAX 808-533-2739
1188 Bishop St., Ste. 1003			EMAIL timlyons@hawaiiantel.net
(City)	(State)		(Zip Code)
Honolulu	HI		96813-3304

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Hawaii Flooring Association		808-537-1224
MAILING ADDRESS (Street)		FAX 808-533-2739
1188 Bishop St., Ste. 1003		EMAIL timlyons@hawaiiantel.net
(City)	(State)	(Zip Code)
Honolulu	HI	96813-3304
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Timothy L. Lyons		808-537-4308
MAILING ADDRESS (Street)		FAX 808-533-2739
1188 Bishop St., Ste. 1003		EMAIL timlyons@hawaiiantel.net
(City)	(State)	(Zip Code)
Honolulu	HI	96813-3304

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

☐ Agriculture	☐ Education	☐ Human Services	☑ Science, Technology & Economic Development
☐ Communications & Public Utilities	☑ Government Operation & Finance	☑ Intergovernmental Relations, International Affairs	☐ Tourism & Recreation
☑ Consumer Protection & Commerce	☐ Hawaiian Affairs	☑ Labor & Employment	☑ Transportation
☐ Culture, Arts, Historic Preservation	☑ Health	☑ Planning, Land & Water Use Management	☐ Other: (indicate below)
☑ Ecology, Energy Environmental Protection	☐ Housing	☐ 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.

X _____ (Signature of Lobbyist) X _____ (Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Kaleo Nakamura	President

NAME OF ORGANIZATION (If applicable)	TELEPHONE
Hawaii Flooring Association	808-537-1224
MAILING ADDRESS (Street)	FAX 808-533-2739
1188 Bishop St., Ste. 1003	EMAIL timlyons@hawaiiantel.net

(City)	(State)	(Zip Code)
Honolulu	HI	96813-3304

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

Kaleo Nakamura _____ (Signature of Authorizing Officer or Person Represented) 1/16/15 _____ (Date)