



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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NOTE: This is a public document.

LOBBYIST REGISTRATION FORM STATE OF HAWAII
 STATE ETHICS COMMISSION
 (Type or Print Clearly)

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

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
Hawaii Psychiatric Medical Association (HPMA)	800-572-3015	
MAILING ADDRESS (Street)	FAX	
P.O. Box 11780	EMAIL office@hawaiipsychiatry.org	
(City)	(State)	(Zip Code)
Honolulu	HI	96828
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
Rebecca Chan	800-572-3015	
MAILING ADDRESS (Street)	FAX	
2150 N. 107th St, Suite 205	206-367-8777	
(City)	(State)	(Zip Code)
Seattle	WA	98133

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 type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input 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 type="checkbox"/> 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.

Trin Korhonen

3/1/13

(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME <i>Rebecca Chan</i>		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED <i>Association Executive</i>	
NAME OF ORGANIZATION (if applicable) <i>Hawaii Psychiatric Medical Association</i>		TELEPHONE <i>800-572-3015</i>	
MAILING ADDRESS (Street) <i>P.O. Box 11780</i>		FAX <i>same</i>	
		EMAIL <i>office@hawaiipsychiatry.org</i>	
(City) <i>Honolulu</i>	(State) <i>HI</i>	(Zip Code) <i>96828</i>	

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

RJC

2/25/2013

(Signature of Authorizing Officer or Person Represented)

(Date)