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

THIS SPACE FOR OFFICE USE ONLY

'14 JAN 17 A8:12

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
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

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Podiatric Medical Association			808-266-0066
MAILING ADDRESS (Street)			FAX 808-263-6004
407 Uluniu St., #107			EMAIL
(City)	(State)		(Zip Code)
Kailua	HI		96734
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Robert LaReaux			808-266-0066
MAILING ADDRESS (Street)			FAX 808-263-6004
407 Uluniu St., #107			EMAIL
(City)	(State)		(Zip Code)
Kailua	HI		96734

RECEIVED BY U.S. MAIL

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.

(Signature of Lobbyist) January 14, 2014 (Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Robert LaReaux	President

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Hawaii Podiatric Medical Association	808-266-0066
MAILING ADDRESS (Street)	FAX 808-263-6004
407 Uluniu St., #107	EMAIL

(City)	(State)	(Zip Code)
Kailua	HI	96734

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

(Signature of Authorizing Officer or Person Represented) January 14, 2014 (Date)