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
Konkola	Lisa		808-524-4155
MAILING ADDRESS (Street)			FAX 808-524-0573
1000 Bishop Street, Suite 503			EMAIL lkonkola@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
International Franchise Association		202-628-8000
MAILING ADDRESS (Street)		FAX 202-628-0812
1501 K Street, NW, Suite 350		EMAIL mhaller@franchise.org
(City)	(State)	(Zip Code)
Washington	DC	20005
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Matt Haller		202-628-8000
MAILING ADDRESS (Street)		FAX
same		EMAIL
(City)	(State)	(Zip Code)

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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.

Jim Konkola — 3/6/14

(Signature of Lobbyist) (Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

NAME OF ORGANIZATION (if applicable)	TELEPHONE
International Franchise Association	202-628-8000
MAILING ADDRESS (Street)	FAX 202-628-0812
1501 K Street, NW, Suite 350	EMAIL mhaller@franchise.org

(City)	(State)	(Zip Code)
Washington	DC	20005

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

[signature] — 3/6/14

(Signature of Authorizing Officer or Person Represented) (Date)