



**HAWAII STATE ETHICS COMMISSION**  
 1001 BISHOP STREET, HONOLULU, HAWAII 96813  
 or P.O. BOX 616, HONOLULU, HAWAII 96809  
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THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII  
 STATE ETHICS COMMISSION

RECEIVED BY U.S. MAIL

NOTE: This is a public document.

**LOBBYIST REGISTRATION FORM**

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
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			
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Society of CPAs (HSCPA)			808-537-9475
MAILING ADDRESS (Street)			FAX
P.O. Box 1754			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96806	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
MAILING ADDRESS (Street)			FAX
			EMAIL
(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 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 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.*

*Dirin Konholz*

(Signature of Lobbyist)

*10/2/14*

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Kathy Castillo	Executive Director

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Hawaii Society of CPAs (HSCPA)	808-537-9475

MAILING ADDRESS (Street)	FAX
P.O. Box 1754	EMAIL
	kathycastillo@hscpa.org

(City)	(State)	(Zip Code)
Honolulu	HI	96806

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

*Kathy Castillo*

(Signature of Authorizing Officer or Person Represented)

*10-01-2014*

(Date)