



HAWAII STATE ETHICS COMMISSION

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TEL: (808) 587-0460 FAX: (808) 587-0470
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STATE OF HAWAII
STATE ETHICS COMMISSION

NOTE: This is a public document.

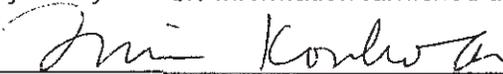
LOBBYIST REGISTRATION FORM

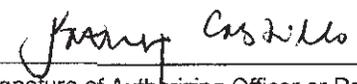
(Type or Print Clearly)

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
			konkola@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 Society of Certified Public Accountants (HSCPA)			808-537-9475
MAILING ADDRESS (Street)			FAX 808-537-3520
P.O. Box 1754			EMAIL
			kathycastillo@hscpa.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96806	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Kathy Castillo			same
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 checked="" type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" 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 checked="" 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>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
	11/19/15
(Signature of Lobbyist)	(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 Certified Public Accountants (HSCPA)	808-537-9475	
MAILING ADDRESS (Street)	FAX	
P.O. Box 1754	808-537-3520	
	EMAIL	
	Kathycastillo@hscpa.org	
(City)	(State)	(Zip Code)
Honolulu	HI	96806
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
	1-15-15	
(Signature of Authorizing Officer or Person Represented)	(Date)	