



HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813
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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.

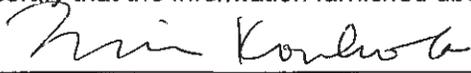
LOBBYIST REGISTRATION FORM

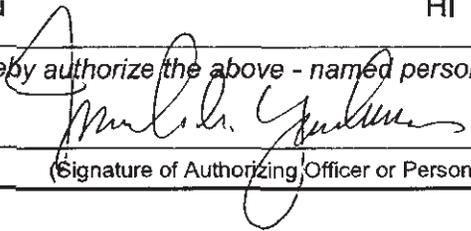
(Type or Print Clearly)

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

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Dental Service		TELEPHONE 808-529-9300
MAILING ADDRESS (Street) 700 Bishop Street, Suite 700		FAX 808-529-9368
EMAIL myamakawa@hawaiidental-service.com		
(City) Honolulu	(State) HI	(Zip Code) 96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Cheryl Takitani-Smith		TELEPHONE 808-529-9215
MAILING ADDRESS (Street) 700 Bishop Street, Suite 700		FAX 808-529-9368
EMAIL ctakitani-smith@hawaiidental-service.com		
(City) Honolulu	(State) HI	(Zip Code) 96813

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>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
	1/19/15
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Mark Yamakawa	President and CEO	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
Hawaii Dental Service	808-529-9300	
MAILING ADDRESS (Street)	FAX	
700 Bishop Street, Suite 700		
	EMAIL	
	myamakawa@hawaiidental-service.com	
(City)	(State)	(Zip Code)
Honolulu	HI	96813
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
	1/15/2015	
(Signature of Authorizing Officer or Person Represented)	(Date)	