



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

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Coalition for a Tobacco Free Hawaii	TELEPHONE 808-591-6508 x-203	
MAILING ADDRESS (Street) 850 Richards Street, # 201	FAX 808-946-6197	
(City) Honolulu	(State) HI	(Zip Code) 96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Jessica Yamauchi	TELEPHONE same	
MAILING ADDRESS (Street)	FAX	
(City)	(State)	(Zip Code)
		EMAIL

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 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 hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Jessie Konradi

11/27/15

(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Jessica Yamauchi

NAME OF ORGANIZATION (if applicable)

Coalition for a Tobacco Free Hawaii

TELEPHONE

808-591-6508 x-203

MAILING ADDRESS (Street)

850 Richards Street, # 201

FAX ~~808-946-6197~~

EMAIL
jessica@tobaccofreehawaii.com

(City)

(State)

(Zip Code)

Honolulu

HI

96813

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

Jessica Yamauchi

1/22/15

(Signature of Authorizing Officer or Person Represented)

(Date)