

**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

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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
Lyons	Timothy	L.	808-537-4308
MAILING ADDRESS (Street)			FAX 808-533-2739
1188 Bishop St., Ste. 1003			EMAIL timlyons@hawaiiantel.net
(City)	(State)	(Zip Code)	
Honolulu	HI	96813-3304	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
TLC-The Legislative Center			808-537-4308
MAILING ADDRESS (Street)			FAX 808-533-2739
1188 Bishop St., Ste. 1003			EMAIL timlyons@hawaiiantel.net
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Hawaii Society of Certified Public Accountants		808-537-9475
MAILING ADDRESS (Street)		FAX 808-37-3520
P.O. Box 1754		EMAIL
(City)	(State)	(Zip Code)
Honolulu	HI	96806
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Timothy L. Lyons		808-537-5619
MAILING ADDRESS (Street)		FAX 808-533-2739
1188 Bishop St., Ste. 1003		EMAIL timlyons@hawaiiantel.net
(City)	(State)	(Zip Code)
Honolulu	HI	96813-3304

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

- |                                                                              |                                                                    |                                                                                        |                                                                                |
|------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Agriculture                              | <input checked="" type="checkbox"/> Education                      | <input checked="" type="checkbox"/> Human Services                                     | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input checked="" type="checkbox"/> Communications & Public Utilities        | <input checked="" type="checkbox"/> Government Operation & Finance | <input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs | <input checked="" type="checkbox"/> Tourism & Recreation                       |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce           | <input checked="" type="checkbox"/> Hawaiian Affairs               | <input checked="" type="checkbox"/> Labor & Employment                                 | <input checked="" type="checkbox"/> Transportation                             |
| <input checked="" type="checkbox"/> Culture, Arts, Historic Preservation     | <input checked="" type="checkbox"/> Health                         | <input checked="" type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other: (Indicate below)                               |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input checked="" type="checkbox"/> Housing                        | <input checked="" 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.*

\_\_\_\_\_  
(Signature of Lobbyist)

1/24/15  
(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Kathy Castillo

NAME OF ORGANIZATION (if applicable)

Hawaii Society of Certified Public Accountants

TELEPHONE

808-537-9475

MAILING ADDRESS (Street)

P.O. Box 1754

FAX 808-537-3520

EMAIL

(City)

Honolulu

(State)

HI

(Zip Code)

96806

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

\_\_\_\_\_  
(Signature of Authorizing Officer or Person Represented)

12/24/14  
(Date)