



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)	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) The Drug Action Policy Group			TELEPHONE 808-755-8004 853-3231
MAILING ADDRESS (Street) P.O. Box 83			FAX
			EMAIL director@dpehi.org pamelalichty@gmail.com org
(City) Honolulu	(State) HI		(Zip Code) 96810
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Pamela Lichty RAFAEL KENNEDY			TELEPHONE same
MAILING ADDRESS (Street) P.O. Box 83			FAX
			EMAIL director@dpehi.org dpehi.org
(City) Honolulu	(State) HI		(Zip Code) 96810

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 checked="" 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>	
<u><i>Immi Konradi</i></u>	<u>1/27/15</u>
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Pamela Lichty		
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
The Drug Policy Action Group	808-735-8001	853-3231
MAILING ADDRESS (Street)	FAX	
P.O. Box 83		
(City)	(State)	(Zip Code)
Honolulu	HI	96810
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
<u><i>Pamela G. Lichty</i></u>	<u>1/22/15</u>	
(Signature of Authorizing Officer or Person Represented)	(Date)	