



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) Hawaii Psychiatric Medical Association (HPMA)		TELEPHONE 808-341-3472 808-733-9267
MAILING ADDRESS (Street) P.O. Box 41780-25697		FAX
		EMAIL jakaka@gmail.com
(City) Honolulu	(State) HI	(Zip Code) 96828-96825-0697
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Jeffrey Akaka, MD		TELEPHONE same
MAILING ADDRESS (Street) P.O. Box 25697		FAX
		EMAIL jakaka@gmail.com
(City) Honolulu,	(State) HI	(Zip Code) 96825-0697

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.

Trin Konradi

Feb 10, 2015

(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
<i>Jeffrey Akaka, MD</i>	<i>Member, Legislative Committee</i>

NAME OF ORGANIZATION (if applicable)	TELEPHONE
<i>Hawaii Psychiatric Medical Association (HPMA)</i>	<i>808-341-3472</i>

MAILING ADDRESS (Street)	FAX
<i>P.O. Box 25697</i>	
(City)	(Zip Code)
<i>Honolulu, HI</i>	<i>96825-0697</i>

EMAIL
<i>jakaka@gmail.com</i>

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

J Akaka

3/4/2015

(Signature of Authorizing Officer or Person Represented)

(Date)