HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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STATE OF HAWAII STATE ETHICS COMMISSION STATE OF HAWAII STATE ETHICS COMMISSION

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
820 Mililani St., Ste. 810			(808) 533-2739
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813-2938	

EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
The Legislative Center			(808) 537-4308
MAILING ADDRESS (Street)			FAX
820 Mililani St., Ste. 810			(808) 533-2739
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813-2938	

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Pest Control Association			(808) 533-6404
MAILING ADDRESS (Street)			FAX
820 Mililani St., Ste. 810			(808) 533-2739
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813-2938	

NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Timothy L. Lyons			(808) 537-4308
MAILING ADDRESS (Street)			FAX
820 Mililani St., Ste. 810			(808) 533-2739
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813-2938	

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

☒ Agriculture	☒ Education	☐ Human Services	☒ Science, Technology & Economic Development
☒ Communications & Public Utilities	☒ Government Operation & Finance	☒ Intergovernmental Relations, International Affairs	☒ Tourism & Recreation
☒ Consumer Protection & Commerce	☐ Hawaiian Affairs	☒ Labor & Employment	☒ Transportation
☒ Culture, Arts, Historic Preservation	☒ Health	☒ Planning, Land & Water Use Management	☐ Other: (indicate below)
☒ Ecology, Energy Environmental Protection	☒ Housing	☐ 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.

X Signature Block (Signature of Lobbyist) X 1/11/07 (Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Rodney Ono	President

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Hawaii Pest Control Association	(808) 533-6404
MAILING ADDRESS (Street)	**FAX**
820 Mililani St., Ste. 810	(808) 533-2739

(City)	(State)	(Zip Code)
Honolulu	Hawaii	96813-2938

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

Signature Block (Signature of Authorizing Officer or Person Represented) 1/3/07 (Date)