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LOBBYIST REGISTRATION STATEMENT

You must file this statement with the Office of the County Clerk if you are an individual who for pay or other consideration engages in lobbying on behalf of another person, or organization, for more than five (5) hours in any month or spends more than \$750 lobbying during any reporting period (January 1st through December 31st of the previous year). NOTE THAT THIS IS A PUBLIC DOCUMENT.

(Type or Print Clearly)

NAME	Last Miyahira	First Lynn	Middle K	
BUSINESS MAILING ADDRESS	Street 1000 Bishop Street, Suite 500	City Honolulu	State HI	Zip Code 96813
TELEPHONE NO.	E-MAIL 808-536-2729 admin@iq360inc.com			
NAME OF PERSON OR ORGANIZATION YOU LOBBY FOR (do not abbreviate) Sports Betting Alliance				
BUSINESS MAILING ADDRESS	Street 3903 Fair Ridge Drive, Suite L-119	City FairFax	State VA	Zip Code 22033
BUSINESS TELEPHONE NO.				

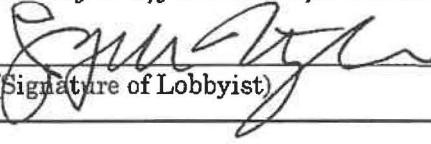
SUBJECT AREAS OF LOBBYING

(Bill/Resolution Number(s), Agenda Item(s), and/or Topic(s))

SB3303 and HB2570 Relating to Sports Wagering and online sports betting.

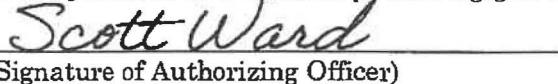
CERTIFICATION OF LOBBYIST

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


(Signature of Lobbyist)

2/5/26
(Date)

AUTHORIZATION TO LOBBY

NAME Scott Ward	TITLE OF AUTHORIZING OFFICER OF PERSON REPRESENTED Secretary			
NAME OF ORGANIZATION (if applicable) Sports Betting Alliance	TELEPHONE NO.			
ADDRESS OF ORGANIZATION OR PERSON 3903 Fair Ridge Drive, Suite L-119	Street	City FairFax	State VA	Zip Code 22033
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.				
 (Signature of Authorizing Officer)	02/05/2026 (Date)			