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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	City	State	Zip Code	
	1000 Bishop Street, Suite 500	Honolulu	HI	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	City	State	Zip Code	
	3903 Fair Ridge Drive, Suite L-119	FairFax	VA	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	TITLE OF AUTHORIZING OFFICER OF PERSON REPRESENTED				
Scott Ward	Secretary				
NAME OF ORGANIZATION (if applicable)			TELEPHONE NO.		
Sports Betting Alliance					
ADDRESS OF ORGANIZATION OR PERSON	Street	City	State	Zip Code	
	3903 Fair Ridge Drive, Suite L-119	FairFax	VA	22033	
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>					
			02/05/2026		
(Signature of Authorizing Officer)			(Date)		