



FORM LOB (Rev. 5/2013)



HAWAII STATE ETHICS COMMISSION LOBBYIST'S EXPENDITURES AND CONTRIBUTIONS REPORT

MAY 17 P3:30

REPORT YEAR: 2013 Amended Statement

For Lobbying Reporting Period: January 1 - last day of February March 1 - April 30

STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST INFORMATION

Fukuhara Harry M Last Name First Name M.I.

Akamai Benefit Consultants LLC Lobbyist Firm/Employer

1696 Piikea Street Mailing Address (Number and Street or P.O. Box)

Honolulu HI 96818 City State Zip Code

(808) 271-6888 hmfukuhara@gmail.com Telephone Extension Email Address

PART I. TOTAL EXPENDITURES (Attached Additional Sheets As Needed)

EXPENDITURES (ROUND TO THE NEAREST DOLLAR) MADE BY LOBBYIST FOR EACH ORGANIZATION REPRESENTED

Table with columns: Organization's Names, Preparation & Distribution of Lobbying Materials, Media Advertising, Fees Paid to Lobbyist, Postage, Entertainment & Events, Receptions, Meals, Food & Beverages, Gifts, Loans, Other Disbursements, EXPENDITURES, TOTAL. Row 1: Catamaran PBM of Illinois, Inc. 0 0 0 0 0 0 0 0 0 0 0 0

16. Total Expenditures from Additional Attached Sheet(s) 0

Add Total Expenditures (lines 1 through 16) Total Expenditures 0

EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY*List all expenditures incurred by lobbyist for the purpose of lobbying of \$25 or more per person per day during the statement period.*

Name	On Behalf of ORG	Amount or Value
		0.00

 Check here if additional sheets are attached**AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON***List all expenditures incurred by lobbyist for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.*

Name	On Behalf of ORG	Amount or Value
		0.00

 Check here if additional sheets are attached**PART II. CONTRIBUTIONS RECEIVED***List all contributions received by lobbyist for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.*

Name	On Behalf of ORG	Amount or Value
		0.00

 Check here if additional sheets are attached**PART III. SUBJECT AREAS OF LOBBYING***Legislative and/or administrative action in the following areas was supported or opposed during the statement period:*

- | | | | |
|--|--|--|---|
| <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 checked="" type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input checked="" 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 | _____ |

AUTHORIZED PERSON

<u>Harry M. Fukuhara</u>	<u>President/member</u>	<u>5/14/2013</u>
Print Name of Authorized Person (First M.I. Last)	Title	Date (m/d/yyyy)

 CERTIFICATION: By checking this box, you signify and affirm that you are the person whose name appears as the "Authorized Person" above and the information contained in the form is true, correct and complete to the best of your knowledge and belief. You further certify that you understand that there are statutory penalties for failing to report the information required by Hawaii law.