



**FORM
LOB**
(Rev. 5/2013)

STATE OF HAWAII
STATE ETHICS COMMISSION



**HAWAII STATE ETHICS COMMISSION
LOBBYIST'S EXPENDITURES AND CONTRIBUTIONS REPORT**

REPORT YEAR: 2014 Amended Statement

For Lobbying Reporting Period: January 1 - last day of February March 1 - April 30 May 1 - December 31

LOBBYIST INFORMATION

Toyofuku
Last Name

Robert
First Name

S
M.I.

BT Consulting, Inc. dba Advocates
Lobbyist Firm/Employer
1000 Bishop St., # 503

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

Honolulu
City

HI
State

96813
Zip Code

(808) 524-4155
Telephone

Extension

toyofuku@hiadvocates.com
Email Address

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

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

Organization's Names	Preparation & Distribution of Lobbying Materials	Media Advertising	Fees Paid to Lobbyist	Entertainment & Events	Receptions, Meals, Food & Beverages	Gifts	Loans	Other Disbursements	EXPENDITURES	TOTAL
1. KPMG	0	0	0	0	0	0	0	0	0	0
2. HSCPA	0	0	0	0	0	0	0	0	0	0
3. UBER	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0
5.	0	0	0	0	0	0	0	0	0	0
6.	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0
8.	0	0	0	0	0	0	0	0	0	0
9.	0	0	0	0	0	0	0	0	0	0
10.	0	0	0	0	0	0	0	0	0	0
11.	0	0	0	0	0	0	0	0	0	0
12.	0	0	0	0	0	0	0	0	0	0
13.	0	0	0	0	0	0	0	0	0	0
14.	0	0	0	0	0	0	0	0	0	0
15.	0	0	0	0	0	0	0	0	0	0
16. Total Expenditures from Additional Attached Sheet(s)										

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

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

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

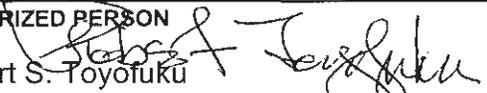
Check here if additional sheets are attached

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 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 checked="" type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input 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 | _____ |
| | | | taxation |

AUTHORIZED PERSON

Robert S. Toyofuku  President 1/5/2015
 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.



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1. AlohaCare	0	0	0	0	0	0	0	0	0	0
2. Bayer Healthcare	0	0	0	0	0	0	0	0	0	0
3. Coalition Tobacco Free HI	0	0	0	0	0	0	0	0	0	0
4. Compassion & Choices	0	0	0	0	0	0	0	0	0	0
5. Hawaiian Humane Society	0	0	0	0	0	0	0	0	0	0
6. The Pew Charitable Trusts	0	0	0	0	0	0	0	0	0	0
7. Hawaii Association for Justice	0	0	0	0	0	0	0	0	0	0
8. Chamber of Commerce of HI	0	0	0	0	0	0	0	0	0	0
9. HI Psychiatric Med. Assoc.	0	0	0	0	0	0	0	0	0	0
10. Hawaiian Airlines	0	0	0	0	0	0	0	0	0	0
11. INBCUniversal Media	0	0	0	0	0	0	0	0	0	0
12. PhRMA	0	0	0	0	0	0	0	0	0	0
13. Drug Policy Action Group	0	0	0	0	0	0	0	0	0	0
14. International Franchise Assoc	0	0	0	0	0	0	0	0	0	0
15. Island Insurance	0	0	0	0	0	0	0	0	0	0
16. Total Expenditures from Additional Attached Sheet(s)										

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

