



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



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

STATE OF HAWAII
STATE ETHICS COMMISSION

REPORT YEAR: 2015 Amended Statement
 For Lobbying Reporting Period: January 1 - last day of February March 1 - April 30 May 1 - December 31

LOBBYIST INFORMATION

Toyofuku **Robert** **S**
 Last Name First Name M.I.
BT Consulting, Inc. dba Advocates
 Lobbyist Firm/Employer
1000 Bishop St., # 503

Mailing Address (Number and Street or P.O. Box)
Honolulu **HI** **96813**
 City State Zip Code
(808) 524-4155 **toyofuku@hiadvocates.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

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
1. AlohaCare	0	0	0	0	0	0	0	0	0	0	0
2. Coalition Tobacco Free HI	0	0	0	0	0	0	0	0	0	0	0
3. Drug Policy Action Group	0	0	0	0	0	0	0	0	0	0	0
4. Hawaii Association for Justice	0	0	0	0	0	0	0	0	0	0	0
5. Hawaii Dental Services	0	0	0	0	0	0	0	0	0	0	0
6. HEMIC	0	0	0	0	0	0	0	0	0	0	0
7. HSCPA	0	0	0	0	0	0	0	0	0	0	0
8. Island Insurance	0	0	0	0	0	0	0	0	0	0	0
9. KPMG	0	0	0	0	0	0	0	0	0	0	0
10. Marsy's Law for All	0	0	0	0	0	0	0	0	0	0	0
11. Uber Technologies	0	0	0	0	0	0	0	0	0	0	0
12.	0	0	0	0	0	0	0	0	0	0	0
13.	0	0	0	0	0	0	0	0	0	0	0
14.	0	0	0	0	0	0	0	0	0	0	0
15.	0	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

RECEIVED BY U.S. MAIL

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 checked="" 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 checked="" type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input checked="" type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input checked="" type="checkbox"/> Other (indicate below): |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | Tort |
| | | | taxation |

AUTHORIZED PERSON

Robert Jayofuka President 3-9-2015
 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.