



## HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813  
or P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: (808) 587-0460 FAX: (808) 587-0470  
email: [ethics@hawaiiethics.org](mailto:ethics@hawaiiethics.org)  
Web site: [www.hawaii.gov/ethics](http://www.hawaii.gov/ethics)

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NOTE: This is a public document.

## LOBBYIST REGISTRATION FORM

STATE OF HAWAII  
STATE ETHICS COMMISSION

(Type or Print Clearly)

| PART I LOBBYIST                                                                                                 |         |            |                                                                                 |
|-----------------------------------------------------------------------------------------------------------------|---------|------------|---------------------------------------------------------------------------------|
| NAME (Last)                                                                                                     | (First) | (Middle)   | TELEPHONE                                                                       |
| Toyofuku                                                                                                        | Robert  | S.         | 808-524-4155                                                                    |
| MAILING ADDRESS (Street)                                                                                        |         |            | FAX 808-524-0573                                                                |
| 1000 Bishop Street, Suite 503                                                                                   |         |            | EMAIL<br><a href="mailto:toyofuku@hiadvocates.com">toyofuku@hiadvocates.com</a> |
| (City)                                                                                                          | (State) | (Zip Code) |                                                                                 |
| Honolulu                                                                                                        | HI      | 96813      |                                                                                 |
| EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) |         |            | TELEPHONE                                                                       |
| BT Consulting, Inc. dba Advocates                                                                               |         |            | same                                                                            |
| MAILING ADDRESS (Street)                                                                                        |         |            | FAX                                                                             |
| same                                                                                                            |         |            | EMAIL                                                                           |
| (City)                                                                                                          | (State) | (Zip Code) |                                                                                 |

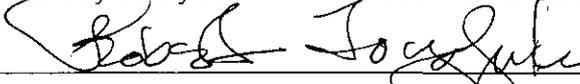
| PART II ORGANIZATION                                                           |         |            |                                                                                         |
|--------------------------------------------------------------------------------|---------|------------|-----------------------------------------------------------------------------------------|
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)                         |         |            | TELEPHONE                                                                               |
| Banner Health                                                                  |         |            | 602-747-4130                                                                            |
| MAILING ADDRESS (Street)                                                       |         |            | FAX 602-747-4528                                                                        |
| 1441 N. 12th Street                                                            |         |            | EMAIL<br><a href="mailto:david.bixby@bannerhealth.com">david.bixby@bannerhealth.com</a> |
| (City)                                                                         | (State) | (Zip Code) |                                                                                         |
| Phoenix                                                                        | AZ      | 85006      |                                                                                         |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT |         |            | TELEPHONE                                                                               |
| David Bixby                                                                    |         |            | same                                                                                    |
| MAILING ADDRESS (Street)                                                       |         |            | FAX                                                                                     |
| same as above                                                                  |         |            | EMAIL                                                                                   |
| (City)                                                                         | (State) | (Zip Code) |                                                                                         |

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

|                                                                   |                                                                    |                                                                             |                                                                     |
|-------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------------------------|
| <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 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                        | _____                                                               |

**PART IV CERTIFICATION OF LOBBYIST**

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

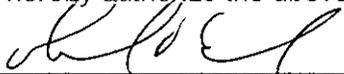
  
 \_\_\_\_\_  
 (Signature of Lobbyist)

2/15/13  
 \_\_\_\_\_  
 (Date)

**PART V AUTHORIZATION TO LOBBY**

|                                                       |               |                                                                                |  |
|-------------------------------------------------------|---------------|--------------------------------------------------------------------------------|--|
| NAME<br>David Bixby                                   |               | TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED<br>Sr. V.P./General Counsel |  |
| NAME OF ORGANIZATION (if applicable)<br>Banner Health |               | TELEPHONE<br>602-747-4130                                                      |  |
| MAILING ADDRESS (Street)<br>1441 N. 12th Street       |               | FAX 602-747-4528                                                               |  |
|                                                       |               | EMAIL<br>david.bixby@bannerhealth.com                                          |  |
| (City)<br>Phoenix                                     | (State)<br>AZ | (Zip Code)<br>85006                                                            |  |

*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*

  
 \_\_\_\_\_  
 (Signature of Authorizing Officer or Person Represented)

2/1/13  
 \_\_\_\_\_  
 (Date)