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
Web site: www.hawaii.gov/ethics

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STATE OF HAWAII
STATE ETHICS COMMISSION

NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
Toyofuku	Robert		808-524-4155
MAILING ADDRESS (Street)			FAX 808-524-0573
1000 Bishop Street, Suite 503			EMAIL toyofuku@hiadvocates.com
(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
Chamber of Commerce of Hawaii		808-545-4300
MAILING ADDRESS (Street)		FAX 808-545-4369
1132 Bishop Street, Suite 402		EMAIL
(City)	(State)	(Zip Code)
Honolulu	HI	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
GERI WALKER		545-4300
MAILING ADDRESS (Street)		FAX 545-4369
1132 BISHOP ST., SUITE 402		EMAIL gwalker@cochawaii.org
(City)	(State)	(Zip Code)
HONOLULU, HI	96813	

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

☐ Agriculture	☐ Education	☐ Human Services	☒ Science, Technology & Economic Development
☐ Communications & Public Utilities	☐ Government Operation & Finance	☐ Intergovernmental Relations, International Affairs	☐ Tourism & Recreation
☐ Consumer Protection & Commerce	☐ Hawaiian Affairs	☐ Labor & Employment	☐ Transportation
☐ Culture, Arts, Historic Preservation	☐ Health	☐ Planning, Land & Water Use Management	☒ Other: (indicate below) Taxation
☐ Ecology, Energy Environmental Protection	☐ Housing	☐ 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) 2/25/2014 (Date)

PART V AUTHORIZATION TO LOBBY

NAME: SHERRY MENOR-McNAMARA

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED: PRESIDENT & CEO

NAME OF ORGANIZATION (if applicable): Chamber of Commerce of Hawaii

TELEPHONE: 545-4300

MAILING ADDRESS (Street): 1132 BISHOP ST., SUITE 402

FAX: 545-4369

EMAIL: smenor-mcnamara@cochawaii.org

(City) HONOLULU (State) HI (Zip Code) 96813

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

(Signature of Authorizing Officer or Person Represented) 2/24/14 (Date)