



HAWAII STATE ETHICS COMMISSION
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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
Fukuhara	Harry	Mark	808-271-6888
MAILING ADDRESS (Street)			FAX
1696 Piikea Street			EMAIL
			hmfukuhara@gmail.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96818	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Akamai Benefit Consultants LLC			808-271-6888
MAILING ADDRESS (Street)			FAX
PO Box 1073			EMAIL
(City)	(State)	(Zip Code)	
Aiea	HI	96701	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Catamaran PBM of Illinois, Inc.			800-282-3232
MAILING ADDRESS (Street)			FAX
1600 McConnor Parkway			EMAIL
(City)	(State)	(Zip Code)	
Schaumburg	IL	60173	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Harry Mark Fukuhara			808-271-6888
MAILING ADDRESS (Street)			FAX
1696 Piikea Street			EMAIL
			hmfukuhara@gmail.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96818	

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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 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	_____

PART IV CERTIFICATION OF LOBBYIST	
<i>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
<u>Harry McK Fild</u>	<u>1/14/2015</u>
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY	
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Clifford E. Berman	General Counsel
NAME OF ORGANIZATION (if applicable)	TELEPHONE
Catamaran PBM of Illinois, Inc.	
MAILING ADDRESS (Street)	FAX
1600 McConnor Parkway	
(City)	(State)
Schaumburg	IL
(Zip Code)	EMAIL
60173	cliff.berman@catamaranrx.com
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>	
<u>Clifford E. Berman</u>	<u>1/15/15</u>
(Signature of Authorizing Officer or Person Represented)	(Date)