



**HAWAII STATE ETHICS COMMISSION**  
 1001 BISHOP STREET, HONOLULU, HAWAII 96813  
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STATE OF HAWAII  
 STATE ETHICS COMMISSION

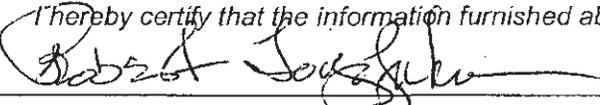
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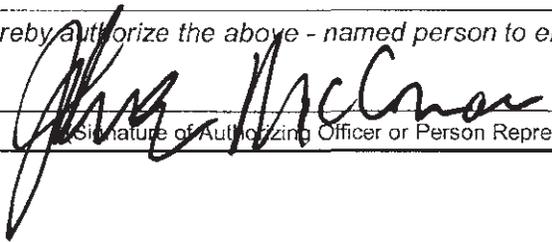
**LOBBYIST REGISTRATION FORM**  
 (Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
Toyofuku	Robert	S.	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)	

<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
AlohaCare			808-973-0690
MAILING ADDRESS (Street)			FAX 808-973-2625
1357 Kapiolani Blvd., # 1250			EMAIL jmccomas@alohacare.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96814	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Josie Graham			808-973-6395
MAILING ADDRESS (Street)			FAX
same			EMAIL jgraham@alohacare.org
(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 checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input 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.	
	1-26-2015
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
John Mc Comas	President	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
AlohaCare	808-973-0690	
MAILING ADDRESS (Street)	FAX	
1357 Kapiolani Blvd., Ste. 1250	808-973-2625	
	EMAIL	
	jmccomas@alohacare.org	
(City)	(State)	(Zip Code)
Honolulu	HI	96814
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.		
	1/26/15	
(Signature of Authorizing Officer or Person Represented)	(Date)	