



**HAWAII STATE ETHICS COMMISSION**  
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THIS SPACE FOR OFFICE USE ONLY

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

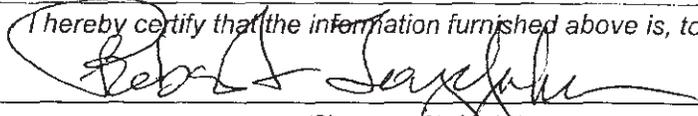
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) International Franchise Association (IFA)			TELEPHONE 202-628-8000
MAILING ADDRESS (Street) <del>4501 K Street, # 350</del> 1900 K St NW, # 700			FAX 202-628-0812
			EMAIL <a href="mailto:mhaller@franchise.org">mhaller@franchise.org</a>
(City) Washington	(State) DC	(Zip Code) <del>20005</del> 20006	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT <del>Matthew Haller</del> Jeff Hanscom			TELEPHONE same
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

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

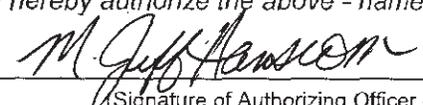
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input 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.*

 March 2, 2015  
 (Signature of Lobbyist) (Date)

**PART V AUTHORIZATION TO LOBBY**

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Mathew Haller		Jeff Hanscom	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
International Franchise Association (IFA)		202-628-8000	
MAILING ADDRESS (Street)		FAX	
<del>1501 K Street Mall, #350</del> 900 K St NW, #700		202-628-0812	
		EMAIL	
		mhaller@franchise.org	
(City)	(State)	(Zip Code)	
Washington	DC	20005 20006	
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>			
		<u>2/25/15</u>	
(Signature of Authorizing Officer or Person Represented)		(Date)	