

**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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STATE OF HAWAII  
STATE ETHICS COMMISSION

NOTE: This is a public document.

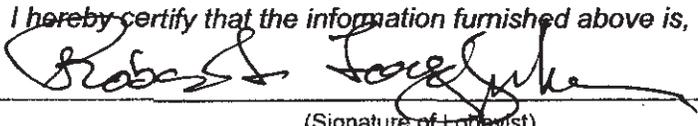
**LOBBYIST REGISTRATION FORM**

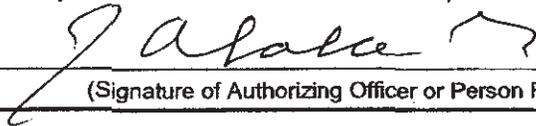
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Toyofuku	Robert	S.	808-524-4155
MAILING ADDRESS (Street)			FAX 808-524-0573
1000 Bishop Street, Ste. 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
Hawaii Psychiatric Medical Association (HPMA)			<del>808-733-9267</del> 808-341-3472
MAILING ADDRESS (Street)			FAX
P.O. <del>44700</del> Box 25697			EMAIL jakaka@gmail.com
(City)	(State)	(Zip Code)	
Honolulu	HI	<del>96828</del> 96825-0697	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Dr. Jeff Akaka Jeffrey Akaka, MD			same
MAILING ADDRESS (Street)			FAX
P.O. Box 25697			EMAIL jakaka@gmail.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96825-0697	

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.	
	<u>February 10, 2015</u>
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY	
NAME <u>Jeffrey Akaka, MD</u>	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED <u>Member, legislative Committee</u>
NAME OF ORGANIZATION (if applicable) <u>Hawaii Psychiatric Medical Association (HPMA)</u>	TELEPHONE <u>808-341-3472</u>
MAILING ADDRESS (Street) <u>P.O. Box 25697</u>	FAX
(City) <u>Honolulu</u>	EMAIL <u>jakaka@gmail.com</u>
(State) <u>HI</u>	(Zip Code) <u>96825-0697</u>
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.	
	<u>3/4/2015</u>
(Signature of Authorizing Officer or Person Represented)	(Date)