



HONOLULU ETHICS COMMISSION
 925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768
 Email: ethics@honolulu.gov
 Website: <http://www.honolulu.gov/ethics/>

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HONOLULU
 ETHICS COMMISSION
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2019 ANNUAL REPORT

Lobbyist Annual Report
 (January 1 – December 31, 2019)
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Toyofuku, Robert		
LOBBYIST FIRM/EMPLOYER (if applicable) BT Consulting, Inc		TELEPHONE 808-524-4155
MAILING ADDRESS (No. and Street or P.O. Box) 1000 Bishop Street, Suite 808		FAX
		EMAIL toyofuku@hiadvocates.com
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Tekni-Plex, Inc.		TELEPHONE (484) 690-1520
MAILING ADDRESS (No. and Street or P.O. Box) 460 E. Swedesford Rd., Ste. 3000		FAX (484) 367-7819
		EMAIL david.waksmana@tekni-plex.com
(City) Wayne	(State) PA	(Zip Code) 19087

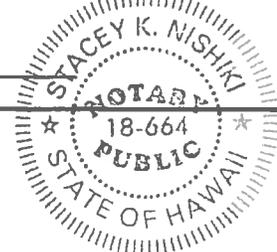
PART III EXPENDITURES, BY TYPE					
Political Contributions	Amount	<input type="checkbox"/>	Receptions, Meals, Food & Beverages	Amount	<input type="checkbox"/>
Preparation & Distribution of Lobbying Materials	Amount	<input type="checkbox"/>	Media Advertising	Amount	<input type="checkbox"/>
Entertainment & Events	Amount	<input type="checkbox"/>	Other <input type="checkbox"/> Additional Sheet(s) Attached		
TOTAL					<input type="checkbox"/>

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING	
Fees	Amount <u>0</u>
Compensation	Amount \$ <u>2,198</u>
Contributions	Amount <u>0</u>
Membership Fees	Amount <u>0</u>
<input type="checkbox"/> Check here if additional sheets attached	<input checked="" type="checkbox"/> n/a

PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED		
<input checked="" type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input checked="" type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. <u>40</u> (Year) <u>2019</u> Reso No. _____ Admin. Rule No. _____ Dept. _____
<input checked="" type="checkbox"/> Other (indicate below): <u>packaging</u>		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2019), passed)		
1. <u>Bill 40 (2019)</u>	Outcome: <u>passed</u>	4. _____ Outcome: _____
2. <u>OK per Bill For bis via telecon 1-31-2020</u>	Outcome: _____	5. _____ Outcome: _____
3. _____	Outcome: _____	<input type="checkbox"/> Additional Sheet(s) Attached

PART VII LOBBYIST CERTIFICATION	
I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE <u>January 31, 2020</u> DATE	Subscribed and sworn to before me This <u>31st</u> day of <u>JANUARY</u> , <u>2020</u> . By: <u>Stacey K. Nishiki</u> NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>11/25/22</u>



HAWAII ALL-PURPOSE ACKNOWLEDGMENT
H.R.S 502-41(6)

State of Hawaii }
County of HONOLULU } ss.

On this 31ST day of JAN, 2020, in the FIRST Circuit Court, State of Hawaii,
Day Month Year Name of Circuit

before me personally appeared ROBERT TOYOPUKU (,) (and
Name of Signer 1

N/A (,) to me personally known or proved
Name of Signer 2 (if any)

to me on the basis of satisfactory evidence to be the person(s) whose name(s)
is/are subscribed to this instrument, who, being by me duly sworn or affirmed, did say
that such person(s) executed the foregoing instrument identified or described as
2019 ANNUAL REPORT as the free act and deed of such person(s),
Type of Document

and if applicable, in the capacity shown having been duly authorized to execute such instrument
in such capacity. The foregoing instrument is dated JAN 31 2020 and
Date of Document

contained 2 pages at the time of this acknowledgment/certification.
No. of Pages



STACEY K NISHIKI
Printed Name of Notary Public

Notary Public — STATE OF HAWAII

My commission expires: 11/25/22

[Signature]
Signature of Notary Public

Place Notary Seal or Stamp Above