



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
Web site: www.hawaii.gov/ethics

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NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

STATE OF HAWAII
STATE ETHICS COMMISSION

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
HAMASAKI	PETER	J.	(808) 529-7333
MAILING ADDRESS (Street)			FAX (808) 524-8293
Five Waterfront Plaza, Suite 400			EMAIL hamasaki@m4law.com
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
American Family Life Assurance Company of Columbus (AFLAC)			(706) 596-3306
MAILING ADDRESS (Street)			FAX (706) 596-3908
1932 Wynnton Road			EMAIL
(City)	(State)	(Zip Code)	
Columbus	GA	31999	

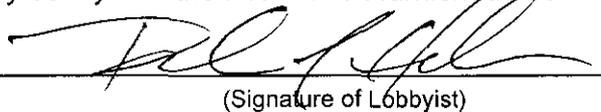
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
American Family Life Assurance Company of Columbus (AFLAC)			(706) 596-3306
MAILING ADDRESS (Street)			FAX (706) 596-3908
1932 Wynnton Road			EMAIL
(City)	(State)	(Zip Code)	
Columbus	GA	31999	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Gary Allen			(706) 596-3306
MAILING ADDRESS (Street)			FAX (706) 596-3908
1932 Wynnton Road			EMAIL GAllen@aflac.com
(City)	(State)	(Zip Code)	
Columbus	GA	94583	

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 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.



1/23/2013

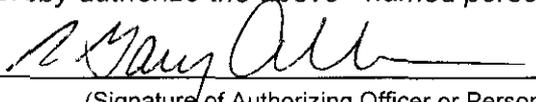
(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME Gary Allen		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Second Vice President - Government Relations	
NAME OF ORGANIZATION (if applicable) American Family Life Assurance Company of Columbus (AFLAC)		TELEPHONE (706) 596-3306	
MAILING ADDRESS (Street) 1932 Wynnton Road		FAX (706) 596-3908	
		EMAIL GAllen@aflac.com	
(City) Columbus	(State) GA	(Zip Code) 31999	

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



1/22/13

(Signature of Authorizing Officer or Person Represented)

(Date)