



HAWAII STATE ETHICS COMMISSION

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STATE OF HAWAII
STATE ETHICS COMMISSION

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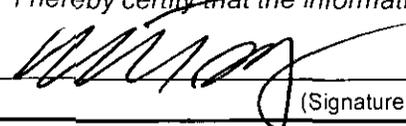
LOBBYIST REGISTRATION FORM

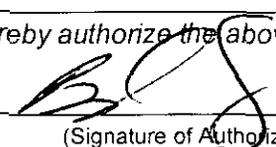
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Tsujimura	Rick		539-0400
MAILING ADDRESS (Street)			FAX 533-4945
1099 Alakea Street, Suite 1400			EMAIL rtsujimura@awlaw.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
Ashford & Wriston LLP			539-0400
MAILING ADDRESS (Street)			FAX 533-4945
1099 Alakea Street, Suite 1400			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Corrections Corporation of America		(615) 263-3000
MAILING ADDRESS (Street)		FAX (615) 263-3140
10 Burton Hills Boulevard		EMAIL
(City)	(State)	(Zip Code)
Nashville	TN	37215
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Brad Regens		615-263-6798
MAILING ADDRESS (Street)		FAX 615-263-3100
10 Burton Hills Boulevard		EMAIL brad.regens@correctionscorp.com
(City)	(State)	(Zip Code)
Nashville	TN	37215

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 checked="" type="checkbox"/> Public Safety & Corrections	_____

PART IV CERTIFICATION OF LOBBYIST	
<i>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
	7-30-13
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME Brad Regens	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Vice President, State Partnership Relations	
NAME OF ORGANIZATION (if applicable) Corrections Corporation of America	TELEPHONE 615-263-6798	
MAILING ADDRESS (Street) 10 Burton Hills Boulevard	FAX 615-263-3100	EMAIL brad.regens@correctionscorp.com
(City) Nashville	(State) TN	(Zip Code) 37215
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
		7/17/13
(Signature of Authorizing Officer or Person Represented)		(Date)