



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

THIS SPACE FOR OFFICE USE ONLY

NOTE: This is a public document.

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

STATE OF HAWAII
STATE ETHICS COMMISSION

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Tsujimura	Rick		808-539-0400
MAILING ADDRESS (Street)			FAX 808-533-4945
Ali'i Place, Suite 1400, 1099 Alakea Street			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
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

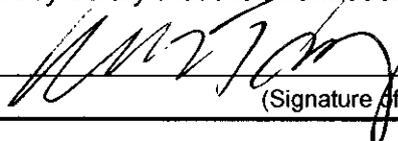
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
State Farm Mutual Automobile Insurance Company	916-321-6904	
MAILING ADDRESS (Street)	FAX 916-321-6905	
1201 K Street, Suite 920	EMAIL paul.danner.ae9k@statefarm.com	
(City)	(State)	(Zip Code)
Sacramento	CA	95814
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
Paul Danner	916-321-6904	
MAILING ADDRESS (Street)	FAX 916-321-6905	
1201 K Street, Suite 920	EMAIL paul.danner.ae9k@statefarm.com	
(City)	(State)	(Zip Code)
Sacramento	CA	95814

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 checked="" type="checkbox"/> Labor & Employment	<input checked="" 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 checked="" 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.



(Signature of Lobbyist)

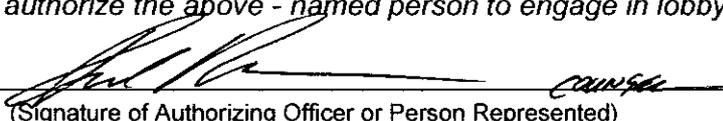
1/9/2013

(Date)

PART V AUTHORIZATION TO LOBBY

NAME Paul Danner		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Counsel	
NAME OF ORGANIZATION (if applicable) State Farm Mutual Automobile Insurance Company		TELEPHONE 916-321-6904	
MAILING ADDRESS (Street) 1201 K Street, Suite 920		FAX 916-321-6905	
		EMAIL paul.danner.ae9k@statefarm.com	
(City) Sacramento	(State) CA	(Zip Code) 95814	

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



(Signature of Authorizing Officer or Person Represented)

1/2/13

(Date)