

**HAWAII STATE ETHICS COMMISSION**

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STATE OF HAWAII
STATE ETHICS COMMISSION

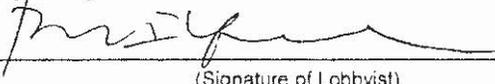
LOBBYIST REGISTRATION FORM

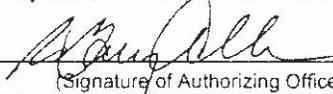
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Yamasaki	Ross		(808) 531-4551
MAILING ADDRESS (Street)			FAX (808) 533-4601
222 South Vineyard Street, Suite 401			EMAIL ryamasaki808@gmail.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96813-2453	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Capitol Consultants of Hawaii, LLP.			(808) 531-4551
MAILING ADDRESS (Street)			FAX (808) 533-4601
222 South Vineyard Street, Suite 401			EMAIL ryamasaki808@gmail.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

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
Worldwide Headquarters, 1932 Wynnton Road		EMAIL gallen@aflac.com
(City)	(State)	(Zip Code)
Columbus	GA	31999
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
R. Gary Allen		(706) 596-3306
MAILING ADDRESS (Street)		FAX (706) 596-3908
Worldwide Headquarters, 1932 Wynnton Road		EMAIL gallen@aflac.com
(City)	(State)	(Zip Code)
Columbus	GA	31999

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 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>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
	1/15/16
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY			
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
R. Gary Allen		Second Vice President, Governmental Relations	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
American Family Life Assurance Company of Columbus (AFLAC)		(706) 596-3306	
MAILING ADDRESS (Street)		FAX (706) 596-3908	
Worldwide Headquarters, 1932 Wynnton Road		EMAIL gallen@aflac.com	
(City)	(State)	(Zip Code)	
Columbus	GA	31999	
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>			
		1/15/16	
(Signature of Authorizing Officer or Person Represented)		(Date)	