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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STATE OF HAWAII
STATE ETHICS COMMISSION

NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
Sabas	John	R.	808 523-2500
MAILING ADDRESS (Street)			FAX 808 523-0842
1001 Bishop Street, Suite 2100, Honolulu, HI 96813			EMAIL jsabas@carlsmith.com
(City)	(State)		(Zip Code)
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Carlsmith Ball LLP			808 523-2500
MAILING ADDRESS (Street)			FAX 808 523-0842
1001 Bishop Street, Suite 2100, Honolulu, HI 96813			EMAIL
(City)	(State)		(Zip Code)

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Corrections Corporation of America		
MAILING ADDRESS (Street)		FAX
10 Burton Hills Boulevard		EMAIL
(City)	(State)	(Zip Code)
Nashville	Tennessee	37215
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Brad Regens		
MAILING ADDRESS (Street)		FAX
10 Burton Hills Boulevard		EMAIL
(City)	(State)	(Zip Code)
Nashville	Tennessee	37215

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

☐ Agriculture	☐ Education	☐ Human Services	☐ Science, Technology & Economic Development
☐ Communications & Public Utilities	☐ Government Operation & Finance	☐ Intergovernmental Relations, International Affairs	☐ Tourism & Recreation
☐ Consumer Protection & Commerce	☐ Hawaiian Affairs	☐ Labor & Employment	☐ Transportation
☐ Culture, Arts, Historic Preservation	☐ Health	☐ Planning, Land & Water Use Management	☐ Other: (indicate below)
☐ Ecology, Energy Environmental Protection	☐ Housing	☑ 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.

John R. [signature] 1/9/15

(Signature of Lobbyist) (Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Brad Regens	Vice President, State Partnership Relations

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Corrections Corporation of America	
MAILING ADDRESS (Street)	FAX
10 Burton Hills Boulevard	EMAIL

(City)	(State)	(Zip Code)
Nashville	Tennessee	37215

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

[signature] 1/14/15

(Signature of Authorizing Officer or Person Represented) (Date)