



HAWAII STATE ETHICS COMMISSION
 1001 BISHOP STREET, ASB TOWER 970
 P.O. BOX 616, HONOLULU, HAWAII 96809
 TEL: 587-0460 FAX: 587-0470
 email: ethics@hawaiiethics.org

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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
HAMASAKI	PETER	J.	(808) 529-7300
MAILING ADDRESS (Street)			FAX
500 Ala Moana Boulevard, Five Waterfront Plaza, Suite 400			(808) 524-8293
(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
McCORRISTON MILLER MUKAI MacKINNON LLP			(808) 529-7300
MAILING ADDRESS (Street)			FAX
500 Ala Moana Boulevard, Five Waterfront Plaza, Suite 400			(808) 524-8293
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

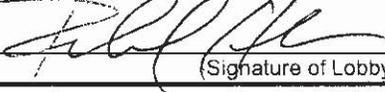
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
American Family Life Assurance Company of Columbus (AFLAC)			(706) 596-3306
MAILING ADDRESS (Street)			FAX
1932 Wynnton Road			(706) 596-3908
(City)	(State)	(Zip Code)	
Columbus	GA	31999	
NAME OF PERSON RESPONSIBLE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


(Signature of Lobbyist)

29 July 2015
(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Gary Allen		Second Vice President - Government Relations	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
American Family Life Assurance Company of Columbus (AFLAC)		(706) 596-3306	
MAILING ADDRESS (Street)		FAX	
1932 Wynnton Road		(706) 596-3908	
(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>			
 (Signature of Authorizing Officer or Person Represented)		<u>7/29/15</u> (Date)	