



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

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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) Tsuji-mura	(First) Rick	(Middle)
TELEPHONE 808-539-0400		
MAILING ADDRESS (Street) First Hawaiian Center, Suite 1400, 999 Bishop Street		FAX 808-533-4945
EMAIL rtsujimura@awlaw.com		
(City) Honolulu	(State) HI	(Zip Code) 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)

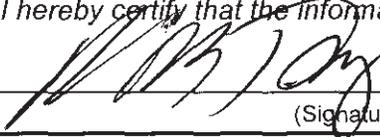
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) State Farm Insurance		TELEPHONE (916) 321-6915
MAILING ADDRESS (Street) 1201 K Street, Suite 920		FAX 916-321-6905
EMAIL robert.r.nash.gted@statefarm.com		
(City) Sacramento	(State) CA	(Zip Code) 95814
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Robert R. Nash		TELEPHONE (916) 321-6915
MAILING ADDRESS (Street) 1201 K Street, Suite 920		FAX 916-321-6905
EMAIL robert.r.nash.gted@statefarm.com		
(City) Sacramento	(State) CA	(Zip Code) 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)

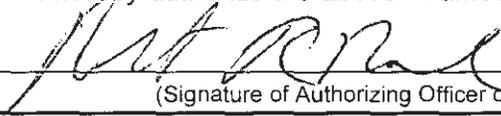
1/16/15

(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Robert R. Nash		Counsel	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
State Farm Insurance		(916) 321-6915	
MAILING ADDRESS (Street)		FAX 916-321-6905	
1201 K Street, Suite 920		EMAIL robert.r.nash.gtcd@statefarm.com	
(City)	(State)	(Zip Code)	
Sacramento	CA	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)

01/05/2015

(Date)