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
MUKAI	STANLEY	Y.	(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	

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

[ ] Agriculture	[ ] Education	[ ] Human Services	[ ] Science, Technology & Economic Development
[ ] Communications & Public Utilities	[ ] Government Operations & Finance	[ ] Intergovernmental Relations, International Affairs	[ ] Tourism & Recreation
[X] Consumer Protection & Commerce	[ ] Hawaiian Affairs	[ ] Labor & Employment	[ ] Transportation
[ ] Culture, Arts, Historic Preservation	[X] 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.

(Signature of Lobbyist) 1/29/2015 (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	~~GE~~ GA	31999

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

(Signature of Authorizing Officer or Person Represented) 1/28/15 (Date)