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

THIS SPACE FOR OFFICE USE ONLY

'07 JAN 12 A10:46 S31
CNA

STATE OF HAWAII
STATE ETHICS COMMISSION

# LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

## PART I LOBBYIST

| NAME(Last) | (First) | (Middle) | TELEPHONE |
|---|---|---|---|
| Slovin | Gary | M. | 808-547-5600 |
| MAILING ADDRESS (Street) | | | FAX |
| 1099 Alakèa Street, Suite 1800 | | | 808-547-5880 |
| (City) | (State) | (Zip Code) | |
| Honolulu, HI 96813 | | | |
| EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) | | | TELEPHONE |
| Goodsill Anderson Quinn & Stifel | | | 808-547-5600 |
| MAILING ADDRESS (Street) | | | FAX |
| Same as above. | | | |
| (City) | (State) | (Zip Code) | |

## PART II ORGANIZATION

| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) | | | TELEPHONE |
|---|---|---|---|
| MultiState Associates Inc. on behalf of CNA Insurance | | | 703-684-1110 |
| MAILING ADDRESS (Street) | | | FAX |
| 515 King Street, Suite 300 | | | 703-684-7912 |
| (City) | (State) | (Zip Code) | |
| Alexandria, VA 22314 | | | |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT | | | TELEPHONE |
| Carrie E. Calvin | | | 703-684-1110 |
| MAILING ADDRESS (Street) | | | FAX |
| 515 King Street, Suite 300 | | | 703-684-0717 |
| (City) | (State) | (Zip Code) | |
| Alexandria, VA 22314 | | | |

## 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 |
| ☒ 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.*

Signature Block

(Signature of Lobbyist) (Date)

## PART V AUTHORIZATION TO LOBBY

NAME
Paul W. Hallman

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
President (MultiState Associates Inc.)

NAME OF ORGANIZATION (if applicable)
MultiState Associates Inc. on behalf of CNA Insurance

TELEPHONE
703-684-1110

MAILING ADDRESS (Street)
515 King Street, Suite 300

FAX
703-684-7912

(City) (State) (Zip Code)
Alexandria, VA 22314

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

Signature Block

12/27/2006

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