



**FORM  
LOB**  
(Rev. 5/2012)



**HAWAII STATE ETHICS COMMISSION  
LOBBYIST'S EXPENDITURES AND CONTRIBUTIONS REPORT**

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REPORT YEAR: 2013

Amended Statement

For Lobbying Reporting Period:

January 1 - last day of February

March 1 - April 30

May 1 - December 31

STATE OF HAWAII  
STATE ETHICS COMMISSION

**LOBBYIST INFORMATION**

Powers

Alison

Last Name

First Name

M.I.

Hawaii Insurers Council

Lobbyist Firm/Employer

1003 Bishop Street Suite 2010

Mailing Address (Number and Street or P.O. Box)

Honolulu

HI

96813

City

State

Zip Code

(808) 525-5877

powers@hawaiiinsurerscouncil.org

Telephone

Extension

Email Address

**PART I. TOTAL EXPENDITURES (Attached Additional Sheets As Needed)**

EXPENDITURES (ROUND TO THE NEAREST DOLLAR) MADE BY LOBBYIST FOR EACH ORGANIZATION REPRESENTED

Organization's Names	Preparation & Distribution of Lobbying Materials	Media Advertising	Fees Paid to Lobbyist	Postage	Entertainment & Events	Receptions, Meals, Food & Beverages	Gifts	Loans	Other Disbursements	EXPENDITURES	TOTAL
1. Hawaii Insurers Council	0	0	0	6385	0	0	0	0	0	0	\$ 6385
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.											
13.											
14.											
15.											

16. Total Expenditures from Additional Attached Sheet(s) \_\_\_\_\_

Add Total Expenditures (lines 1 through 16) \_\_\_\_\_ Total Expenditures ► \$ 6385

**EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY**

List all expenditures incurred by lobbyist for the purpose of lobbying of \$25 or more per person per day during the statement period.

Name	On Behalf of ORG	Amount or Value

Check here if additional sheets are attached

**AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON**

List all expenditures incurred by lobbyist for the purpose of lobbying in the total sum of \$150 or more per person during the statement period

Name	On Behalf of ORG	Amount or Value

Check here if additional sheets are attached

**PART II. CONTRIBUTIONS RECEIVED**

List all contributions received by lobbyist for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

Name	On Behalf of ORG	Amount or Value

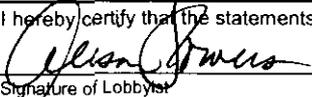
Check here if additional sheets are attached

**PART III. SUBJECT AREAS OF LOBBYING**

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- |  |  |   |   |
|--|--|---|---|
| <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 checked="" type="checkbox"/> Other (indicate below):         |
| <input type="checkbox"/> Ecology, Energy Environmental Protection  | <input type="checkbox"/> Housing                                   | <input type="checkbox"/> Public Safety & Corrections                        | <u>Property &amp; Casualty</u>                                      |
|  |  |   | <u>Insurance</u>  |

I hereby certify that the statements made above are correct and complete to the best of my knowledge

  
Signature of Lobbyist

Alison Powers

Print Name

3/21/13  
Date

Executive Director

Title