



**FORM  
LOB**  
(Rev. 5/2013)

Hawaii State Ethics Commission Received  
3/11/2014 2:13:34 PM



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

REPORT YEAR: 2014  Amended Statement  
 For Lobbying Reporting Period:  January 1 - last day of February  March 1 - April 30  May 1 - December 31

**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  
 8085255877 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			6375								6375
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)											6375

