



HAWAII STATE ETHICS COMMISSION
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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) Waiters	(First) Joann	(Middle)	TELEPHONE (202) 624-2177
MAILING ADDRESS (Street) 101 Constitution Ave. NW, Suite 700			FAX (202) 572-485
			EMAIL JoannWaiters@acli.cc
(City) Washington DC	(State)	(Zip Code) 20001	
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) American Council of Life Insurers			TELEPHONE (202) 624-2177
MAILING ADDRESS (Street) 101 Constitution Ave, NW, Suite 700			FAX (202) 572-4858
			EMAIL
(City) Washington DC	(State)	(Zip Code) 20001	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Joann Waiters, Esq.			TELEPHONE (202) 624-2177
MAILING ADDRESS (Street) 101 Constitution Ave, NW, Suite 700			FAX (202) 572-4858
			EMAIL JoannWaiters@acli.com
(City) Washington DC	(State)	(Zip Code) 20001	

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 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 type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input checked="" type="checkbox"/> Other: (indicate below) Life Insurance Annuiti Health Insurance
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input 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.

Joann Waiters
(Signature of Lobbyist)

Jan. 27, 2014
(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
J. Bruce Ferguson, Senior Vice President, State Relations			
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
American Council of Life Insurers		(202) 624-2385	
MAILING ADDRESS (Street)		FAX	
101 Constitution Ave, NW, Suite 700		(202) 572-4755	
		EMAIL	
(City) - (State) (Zip Code)		BruceFerguson@acli.cc	
Washington DC 20001			

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

J. Bruce Ferguson
(Signature of Authorizing Officer or Person Represented)

1.27.14
(Date)