

HAWAII STATE ETHICS COMMISSION
 1001 BISHOP STREET, HONOLULU, HAWAII 96813
 or P.O. BOX 616, HONOLULU, HAWAII 96809
 TEL: (808) 587-0460 FAX: (808) 587-0470
 email: ethics@hawaiiethics.org
 Web site: www.hawaii.gov/ethics

THIS SPACE FOR OFFICE USE ONLY

'15 JAN 22 P3:17

STATE OF HAWAII
 STATE ETHICS COMMISSION

NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Chikamoto	Oren	T.	(808) 531-1500
MAILING ADDRESS (Street)			FAX (808) 531-1600
1001 Bishop Street, Suite 1750			EMAIL otc@chikamotolaw.com
(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
Law Offices of Oren T. Chikamoto			(808) 531-1500
MAILING ADDRESS (Street)			FAX (808) 531-1600
1001 Bishop Street, Suite 1750			EMAIL otc@chikamotolaw.com
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	

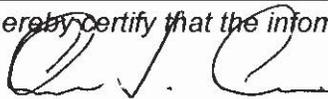
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
American Council of Life Insurers			(201) 624-2385
MAILING ADDRESS (Street)			FAX (866) 953-4114
101 Constitution Avenue			EMAIL
(City)	(State)	(Zip Code)	
Washington	District of Columbia	20001-2133	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Joann Waiters, Esq.			(201) 624-2385
MAILING ADDRESS (Street)			FAX (866) 953-4114
101 Constitution Avenue			EMAIL joannwaiters@acli.com
(City)	(State)	(Zip Code)	
Washington	District of Columbia	20001-2133	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input checked="" type="checkbox"/> Human Services | <input checked="" 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 checked="" type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <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.



1/7/15

(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

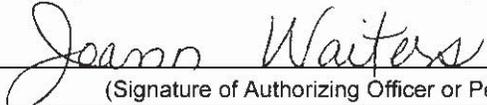
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Joann Waiters	Senior Counsel

NAME OF ORGANIZATION (if applicable)	TELEPHONE
American Council of Life Insurers	(201) 624-2385

MAILING ADDRESS (Street)	FAX (866) 953-4114
101 Constitution Avenue	EMAIL

(City)	(State)	(Zip Code)
Washington	District of Columbia	20001-2133

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



January 10, 2015

(Signature of Authorizing Officer or Person Represented)

(Date)