



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)	(First)	(Middle)	TELEPHONE
Walters	Joann		202-624-2177
MAILING ADDRESS (Street)			FAX
101 Constitution Ave. NW, Suite 700			EMAIL
			JoannWalters@acli.com
(City)	(State)	(Zip Code)	
Washington	DC	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)	
Washington	DC	20001	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
American Council of Life Insurers			202-624-2177
MAILING ADDRESS (Street)			FAX
101 Constitution Ave. NW, Suite 700			EMAIL
(City)	(State)	(Zip Code)	
Washington	DC	20001	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Joann Walters, Esq.			202-624-2177
MAILING ADDRESS (Street)			FAX
101 Constitution Ave. NW, Suite 700			EMAIL
			JoannWalters@acli.com
(City)	(State)	(Zip Code)	
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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 |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | Annuities |
| | | | Health Insurance |

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)

12/18/14
(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	EMAIL
	BruceFerguson@acll.com

(City)	(State)	(Zip Code)
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)

01/05/15
(Date)