



**HAWAII STATE ETHICS COMMISSION  
ORGANIZATION'S OR INDIVIDUAL'S EXPENDITURES  
AND CONTRIBUTIONS REPORT**

**FORM ORG**

(To be filed by organizations, employing organizations and individuals  
other than registered lobbyists)

HAWAII STATE ETHICS COMMISSION  
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Honolulu, Hawaii 96813  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

For lobbying reporting period:	Contact person	<u>Joann Waiters</u>	Phone	<u>(202) 624-2177</u>
<input checked="" type="checkbox"/> January 1 - last day of February	Organization	<u>American Council of Life Insurers</u>		
<input type="checkbox"/> March 1 - April 30	Mailing Address	<u>101 Constitution Avenue, NW, Suite 700</u>		
<input type="checkbox"/> May 1 - December 31		<u>Washington DC 20001-2133</u>		
Year of Report 20 <u>13</u>				

**PART I. TOTAL EXPENDITURES**

The total sum or value of all expenditures for the purpose of lobbying during the statement period was: \$ 9,850.00

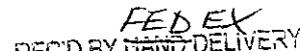
**EXPENDITURES**

Category	Total Amount	Category	Total Amount
1. Preparation & distribution of lobbying materials		7. Entertainment	
2. Media advertising		8. Food & beverages	
3. Telegraph, telephone and other forms of telecommunication		9. Gifts	
4. Postage		10. Loans	
5. Compensation paid to lobbyists		11. Other disbursements	
<u>\$9,850.00</u>			
6. Fees (other than to lobbyists)		TOTAL EXPENDITURES	
			<u>\$9,850.00</u>

**COMPENSATION PAID TO LOBBYISTS**

List in this section the names of all lobbyists and compensation paid to the lobbyists during the statement period.

Name	Address	Compensation paid
<u>Oren Chikimoto, Esq.</u>	<u>737 Bishop Street, Suite 2100</u> <u>Honolulu, HI 96813</u>	<u>\$6,250.00</u>
<u>Joann Waiters</u>	<u>101 Constitution Ave, NW, Ste 700</u> <u>Washington DC 20001</u>	<u>\$3,600.00</u>



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

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

- This section is not applicable  
 Expenditures incurred in the total sum of \$25 or more per person per day were made for the following persons:

Name & Address	Amount or value

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

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

- This section is not applicable  
 Expenditures incurred in the aggregate of \$150 or more per person were made for the following persons:

Name & Address	Amount or value

**PART II. CONTRIBUTIONS RECEIVED**

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

- This section is not applicable  
 Contributions received in the total sum of \$25 or more per person were received from the following persons:

Name & Address	Amount or value

**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 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)         |
| <input type="checkbox"/> Ecology, Energy Environmental Protection  | <input type="checkbox"/> Housing                        | <input type="checkbox"/> Public Safety & Corrections                        | <u>Life Insurance Annuities</u>                                     |
|  |   |   | <u>Health Insurance</u>   |

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

Joann Waiters (Signature of authorized person) 3/27/13 (Date)  
 Name of authorized person (type or print) Joann Waiters  
 Title of authorized person Senior Counsel