



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

Hawaii State Ethics Commission Received

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**HAWAII STATE ETHICS COMMISSION  
ORGANIZATION'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

**ORGANIZATION INFORMATION**

Hawaii Insurers Council  
Organization Name  
1003 Bishop Street, Suite 2010

Alison Powers  
Contact Person

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**

		Total Amount
1	Preparation & Distribution of Lobbying Materials.....	0
2	Media Advertising.....	0
3	Postage.....	0
4	Compensation Paid to Lobbyists ( <b>Attached Additional Sheets As Needed</b> ) <i>List the names of all lobbyists and compensation paid to lobbyists during the statement period</i>	
	Lobbyist Name Compensation Paid	
A.	Alison Powers A. 6375	
B.	B. _____	
C.	C. _____	
D.	D. _____	
E.	E. _____	
F.	F. _____	
G.	Total from Additional Attached Sheet(s) G. _____	
	Add lines A through G Total Compensation Paid ▶ 4	6,375.00
5	Fees Paid to Consultants (other than to Lobbyists).....	0
6	Entertainment & Events.....	0
7	Receptions, Meals, Food & Beverages.....	0
8	Gifts.....	0
9	Loans.....	0
10	Other Disbursements.....	0
	<b>Add lines 1 through 10 Total Expenditures ▶</b>	<b>6,375.00</b>

