



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

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

ORG-40090
FORM ORG

HAWAII STATE ETHICS COMMISSION
1001 Bishop Street, Suite 970
Honolulu, Hawaii 96813
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STATE OF HAWAII
ETHICS COMMISSION

10 JAN 25 A 9:50

For lobbying reporting period:

January 1 - last day of February

March 1 - April 30

May 1 - December 31

Year of Report 2009

Contact person Alison Powers Phone 525-5877

Organization Hawaii Insurers Council

Mailing Address 1003 Bishop Street, Pauahi Tower Suite 2010
Honolulu, HI 96813

PART I. TOTAL EXPENDITURES

The total sum or value of all expenditures for the purpose of lobbying during the statement period was: \$ \$12,953.00

EXPENDITURES

Category	Total Amount	Category	Total Amount
1. Preparation & Distribution of Lobbying Materials		7. Entertainment & Events	
2. Media Advertising		8. Food & Beverages	
3. Telephone and other forms of Telecommunications		9. Gifts	
4. Postage		10. Loans	
5. Compensation Paid to Lobbyists	\$12,953.00	11. Other Disbursements	
6. Fees (other than to Lobbyists)		TOTAL EXPENDITURES	\$12,953.00

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
Alison Powers	1003 Bishop St. #2010, Hon. HI 96813	\$7,428.00
Robin Yahiku	1003 Bishop St. #2010, Hon. HI 96813	\$3,137.00
Kendall Matsuyoshi	1003 Bishop St. #2010, Hon. HI 96813	\$1,108.00
George A. Morris	222 S. Vineyard St. #401, Hon. 96813	\$572.00
John Radcliffe	222 S. Vineyard St. #401, Hon. 96813	\$551.00
Fred Hirayama	390A Haleloa Pl., Hon., HI 96813	\$157.00

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:

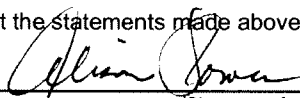
Name & Address	Amount or value

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 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 type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input checked="" type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" 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>Property & casualty insurance</u> <input checked="" type="checkbox"/> |

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



(Signature of authorized person)

4/25/10

(Date)

Name of authorized person (type or print) Alison Powers

Title of authorized person Executive Director