HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
Pelovitz	Betsy	Michelle	202-778-1147
MAILING ADDRESS (Street)			FAX
601 Pennsylvania Ave NW		Suite 500	202-778-8492
(City)	(State)	(Zip Code)	
Washington	DC	20004	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
America's Health Insurance Plans			202-778-3200
MAILING ADDRESS (Street)			FAX
601 Pennsylvania Ave, NW		Suite 500	202-778-8492
(City)	(State)	(Zip Code)	
Washington	DC	20004	

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
America's Health Insurance Plans			202-778-3200
MAILING ADDRESS (Street)			FAX
601 Pennsylvania Ave NW		Suite 500	202-778-8492
(City)	(State)	(Zip Code)	
Washington	DC	20004	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Betsy Pelovitz			202-778-1147
MAILING ADDRESS (Street)			FAX
601 Pennsylvania Ave NW		Suite 500	202-778-8492
(City)	(State)	(Zip Code)	
Washington	DC	20004	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	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.

Signature Block

(Signature of Lobbyist)

June 8, 2005

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Rick Ramsay	Vice President, State Affairs

NAME OF ORGANIZATION (if applicable)	TELEPHONE
America's Health Insurance Plans	202-778-3200
MAILING ADDRESS (Street)	**FAX**
601 Pennsylvania Ave, NW Suite 500	202-778-8492

(City)	(State)	(Zip Code)
Washington	DC	20004

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

Signature Block

(Signature of Authorizing Officer or Person Represented)

6/8/05

(Date)