

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY  
WASHINGTON, D.C. 20001**

Year 2012

☒ Original  
☐ Amendment

**LOBBYIST ACTIVITY REPORT \***

(See next page for instructions) ID# \_\_\_\_\_

Type of Report: ☒ January \_\_\_\_\_ If you are filing a January Report please indicate whether you  
intend to lobby in the upcoming calendar year. ☒ Yes ☐ No

☐ July \_\_\_\_\_

1. (a) Registrant's Name American Council of Life Insurers (b) Daytime Phone Number  
202-824-2177

(c) Permanent Address 101 Constitution Ave, NW Suite 700, Washington DC 20001  
(Street Address) (City, State, Zip Code)

(d) Temporary Address (while lobbying)  
(Street Address) (City, State, Zip Code)

2. Lobbyist(s) Working for Registrant: Attach a Supplemental Sheet if additional space is needed.

(a) Name Joann Waiters (b) Name \_\_\_\_\_  
Address 101 Constitution Ave, NW Suite 700 Address \_\_\_\_\_  
(Street Address) (Street Address)  
Washington DC 20001 (City, State, Zip Code) (City, State, Zip Code)  
Daytime Phone Number 202-624-2177 Daytime Phone Number \_\_\_\_\_

3. Person Compensating Registrant

(a) Name \_\_\_\_\_ (b) Daytime Phone Number \_\_\_\_\_  
(c) Address \_\_\_\_\_  
(Street Address) (City, State, Zip Code)  
(d) Nature of Business \_\_\_\_\_

4. Terms of Compensation: (a) Annual Salary (b) Permanent Duration of Employment

5. Identify matter(s) by subject and formal designation on which the lobbyist/registrant expects to lobby. Attach a Supplemental Sheet if additional space is needed.

All matters pertaining to life insurance, annuities, disability income insurance, long-term care insurance, group health insurance.

\* REMINDER – Each new or previously registered Lobbyist must file a Lobbyist Registration Form by January 15<sup>th</sup> of each year.

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**Rev. 12/2012**

6. Identify the official and title, if known, in the Executive or Legislative Branch with whom the registrant has had oral or written communication during the reporting period relating to lobbying activities, and the date that communication was made. Attach a Supplemental Sheet if additional space is needed.

Name	<u>Philip Barlow, Assoc. Ins. Commissioner</u>	Date	<u>Aug, Nov, Dec 2012</u>
Name	<u>William White, Insurance Commissioner</u>	Date	<u>Aug, Oct 2012</u>
Name	<u>Tom Glassic, DISB, General Counsel</u>	Date	<u>Aug, Oct, Nov 2012</u>
Name	<u>Chester McPhearson, DISB, Deputy Commissioner</u>	Date	<u>July, Oct 2012</u>
Name	<u>Dona Sheppard, Captive Division</u>	Date	<u>July, Oct 2012</u>
Name	<u>Margaret Schruender, DISB, Deputy Commissioner</u>	Date	<u>Aug 2012</u>

7. Total compensation/receipts paid to the Lobbyist for lobbying during the reporting period: \$ 4,100  
(Schedule A)
8. Total of other compensation/receipts received for lobbying services and compensation paid to others: \$ \_\_\_\_\_  
(Schedule A-1)
9. Total amount of Loans received by the Lobbyist in connection with lobbying during the reporting period: \$ \_\_\_\_\_  
(Schedule A-2)
10. Total receipts (Add Lines 7, 8, and 9) \$ 4,100
11. Total of expenditures made for purposes of lobbying during the reporting period: \$ 4,100  
(Schedule B)
12. Total of other expenditures related to lobbying activities: \$ \_\_\_\_\_  
(Schedule B-1)
13. Total expenditures (Add Lines 11 and 12) \$ 4,100

**BOARD OF ELECTIONS AND GOVERNMENT ACCOUNTABILITY**  
**LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT PAGE OF**  
**SCHEDULE A - COMPENSATION/RECEIPTS PAID TO THE LOBBYIST FOR LOBBYING:**

YEAR: 2012

Type of Report: ☒ January ☐ July

Period Covering: 7/1/12 through 12/31/12

LOBBYIST/EMPLOYEE LOBBYIST'S NAME: Joann Waiters

COMPENSATION/RECEIPTS PAID FOR LOBBYING (AMOUNTS MAY BE ROUNDED OFF TO WHOLE DOLLARS)					TOTAL THIS PERIOD	CUMULATIVE TOTAL (FEES/COMPENSATION)
<b>EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER</b> (FEES/COMPENSATION) American Council of Life Insurers 101 Constitution Ave, NW, Suite 700 Washington, DC 2001						
FEES/RETAINER	COMPENSATION				\$ 4,100	\$
\$	\$					
<b>EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER</b> (FEES/COMPENSATION)					TOTAL THIS PERIOD	CUMULATIVE TOTAL (FEES/COMPENSATION)
FEES/RETAINER	COMPENSATION				\$	\$
\$	\$					
<b>EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER</b> (FEES/COMPENSATION)					TOTAL THIS PERIOD	CUMULATIVE TOTAL (FEES/COMPENSATION)
FEES/RETAINER	COMPENSATION				\$	\$
\$	\$					
<b>EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER</b> (FEES/COMPENSATION)					TOTAL THIS PERIOD	CUMULATIVE TOTAL (FEES/COMPENSATION)
FEES/RETAINER	COMPENSATION				\$	\$
\$	\$					
<b>TOTAL RECEIPTS RECEIVED FOR LOBBYING</b> (CARRY TOTAL FORWARD TO LINE 7)					\$ 4,100	\$

☐ IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET  
 (SEE NEXT PAGE FOR INSTRUCTIONS)

**BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY  
LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT      PAGE \_\_\_\_ OF \_\_\_\_  
SCHEDULE A-1 – LOBBYIST COMPENSATION/RECEIPTS RECEIVED FOR  
LOBBYIST SERVICES AND COMPENSATION PAID TO OTHERS:**

YEAR: 2012

Type of Report: ☒ January \_\_\_\_\_ ☐ July \_\_\_\_\_

Period Covering: 7/1/12 through 12/31/12

LOBBYIST/EMPLOYEE LOBBYIST'S

NAME: Joann Walters

OTHER COMPENSATION/RECEIPTS RECEIVED BY THE LOBBYIST AND/OR LOBBYIST EMPLOYEE AND PAID BY THE COMPENSATING REGISTRANT FOR LOBBYIST ACTIVITIES IN THE DISTRICT							TOTAL THIS PERIOD	CUMULATIVE TOTAL
EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER								
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES			
\$	\$	\$	\$	\$	\$	\$	\$	
EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER <small>ACLU 101 Constitution Ave, NW, Suite 700 Washington, DC 20001</small>								
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES			
\$	\$	\$	\$	\$	\$	\$	\$0.00	
EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER								
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES			
\$	\$	\$	\$	\$	\$	\$	\$	
EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER								
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES			
\$	\$	\$	\$	\$	\$	\$	\$	
EMPLOYER'S NAME, ADDRESS, AND TELEPHONE NUMBER								
OFFICE EXPENSES	ADVERTISING & PUBLICATION EXP	PERSONAL EXPENSES	TRAVEL EXPENSES	COMPENSATION TO OTHER	OTHER EXPENSES			
\$	\$	\$	\$	\$	\$	\$	\$	
<b>TOTAL OTHER COMPENSATION/RECEIPTS RECEIVED FOR LOBBYING (CARRY TOTAL FORWARD TO LINE 8)</b>							\$	\$0.00

☐ IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET A-1  
(SEE NEXT PAGE FOR INSTRUCTIONS)

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BEGA Form

**BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY**  
**LOBBYIST/EMPLOYEE LOBBYIST'S ACTIVITY REPORT PAGE\_\_OF\_\_**  
**SCHEDULE A-2 LOANS RECEIVED BY THE LOBBYIST**  
**YEAR: 2012**

Type of Report: ☒ January \_\_\_\_\_ ☐ July \_\_\_\_\_

Period Covering: 7/1/12 \_\_\_\_\_ through 12/31/12 \_\_\_\_\_

**LOBBYIST/EMPLOYEE LOBBYIST**  
**NAME:** Joann Walters

LOANS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY .						
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER					TOTAL LOANS THIS PERIOD TOTAL	CUMULATIVE LOAN TOTAL
LOAN						
\$	\$	\$	\$	\$	\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER					TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN
LOAN						
\$	\$	\$	\$	\$	\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER					TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN
LOAN						
\$	\$	\$	\$	\$	\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER					TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN
LOAN						
\$	\$	\$	\$	\$	\$	\$
EMPLOYER'S NAME, ADDRESS AND TELEPHONE NUMBER					TOTAL LOANS THIS PERIOD	CUMULATIVE LOAN
LOAN						
\$	\$	\$	\$	\$	\$	\$
TOTAL LOANS RECEIVED FOR THE PERIOD (CARRY TOTAL FORWARD TO LINE 9)					\$	\$

☐ IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET  
 (SEE REVERSE SIDE FOR INSTRUCTIONS)

**BOARD OF ETHICS AND GOVERNMENT ACCOUNTABILITY**  
**COMPENSATING REGISTRANT'S ACTIVITY REPORT PAGE    OF**  
**SCHEDULE B - EXPENDITURES PAID BY COMPENSATING REGISTRANT TO THE LOBBYIST**  
**YEAR: 2012**

Type of Report: ☒ January            ☐ July           

Period Covering: 7/1/12 through 12/31/12

COMPENSATING REGISTRANT'S NAME: American Council of Life Insurers

PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES				
ACTIVITY EXPENSES INCURRED, OR PAID BY THE COMPENSATING REGISTRANT TO THE LOBBYIST AND/OR IN-HOUSE EMPLOYEE LOBBYIST FOR ACTIVITIES RELATIVE TO LOBBYING ACTIVITIES IN THE DISTRICT OF COLUMBIA.				
DATE	NAME AND ADDRESS OF PAYEE	PURPOSE OF COMPENSATION	TOTAL THIS PERIOD	CUMULATIVE TOTAL
	<b>Joann Waiters</b>		\$ 4,100	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
<b>TOTAL EXPENDITURES PAID FOR LOBBYING</b> (CARRY TOTAL FORWARD TO LINE 11)			<b>\$4,100</b>	<b>\$</b>

☐ IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET  
 (SEE NEXT PAGE FOR INSTRUCTIONS)

**YEAR:** 2012

Period Covering: 7/1/12 through 12/31/12

**COMPENSATING REGISTRANT'S NAME:**

**TOTAL OTHER EXPENDITURES PAID FOR LOBBYING  
(CARRY TOTAL FORWARD TO LINE 12)**

- ☐ IF MORE SPACE IS NEEDED, CHECK BOX AND ATTACH SUPPLEMENTAL SHEET TO SCHEDULE B-1  
☐ IF YOU HAVE NOT PAID, INCURRED, OR ARRANGED ANY OTHER ACTIVITY EXPENSES DURING THE PERIOD, CHECK THE BOX TO INDICATE THAT YOU HAVE NOTHING TO REPORT

**BOARD OF ETHICS AND  
GOVERNMENT  
ACCOUNTABILITY  
LOBBYIST ACTIVITY REPORT  
SCHEDULE C** YEAR 2012  
(See next page for Instructions)

Type of Report: ☒ January \_\_\_\_\_ ☐ July \_\_\_\_\_

Covering Period 7/1/12 through 12/31/12

LOBBYIST/COMPENSATING'S REGISTRANT'S NAME: Joann Walters/American Council of Life Insurers

DATE	NAME	NATURE OF EMPLOYMENT WITH REGISTRANT

*District of Columbia, ss*

I, the undersigned, declare under oath and on penalty of perjury that the statements contained on this Lobbyist Activity Report are to the best of my knowledge, true, correct, and complete.

Joann Walters

Signature of Registrant (or, if not an individual, an authorized officer or agent\* of registrant must sign).

\*The lobbyist retained by contract to provide lobbying services may not sign on behalf of the compensating registrant.

Subscribed and sworn to before me on this 7<sup>th</sup> day of January, 2013

My commission Expires: 9-30-2014

JoAnne Minnis-Bolder  
Notary Public



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
OFFICE OF CAMPAIGN FINANCE  
2000 14TH STREET, N.W., SUITE 420  
WASHINGTON, D.C. 20009

OCF ID# \_\_\_\_\_

THIS FORM SHOULD BE USED TO SUPPLEMENT SPACE FOR ADDITIONAL INFORMATION WHEN REQUIRED TO COMPLETE RESPONSES TO QUESTIONS APPEARING ON ALL OFFICE OF CAMPAIGN FINANCE (OCF) FORMS. PLEASE IDENTIFY THE OCF FORM YOU ARE SUPPLEMENTING AND THE SPECIFIC QUESTION(S) TO WHICH YOU ARE RESPONDING. USE A SEPARATE SUPPLEMENTAL SHEET FOR EACH FORM SUPPLEMENTED.

Supplement to Form# 26

Title of Form Lobbyist Activity  
Report

Response(s) to Question(s) # 6

Luther Ellis, DISB, Manager - Aug. 2012  
Sean O'Donnell, DISB, Manager - Aug. 2012  
Ed Fisher, Committee Director, Councilmember Alexander - July, Nov 2012  
Michael Brown, Councilmember - September 2012  
Jack Evans, Councilmember - Septemeber 2012  
Vincent Orange, Councilmember - September 2012  
Yvette Alexander, Councilmeber - September 2012  
Adam Levi, DISB, Staff Attorney - Aug., Dec. 2012  
Brendan Rose, DISB, Health Insurance Exchange - July, Aug. 2012  
Jamai Fontaine, DISB, Manager - December 2012  
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1/2/2013

DATE

  
SIGNATURE

Effective 6/98

OCF Form 22