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

Year **2013**

Non-Profit ✓ For-Profit ___

�■ **ORIGINAL**

☐ **AMENDMENT**

LOBBYIST REGISTRATION FORM
(See next page for instructions)

Filing Fee Enclosed
☐ $250.00
☑ $50.00

1. (a) Registrant's Name **District of Columbia Insurance Federation** (b) Daytime Phone Number **202-797-0757**

(c) Permanent Address **P.O. Box 34757** **Washington, DC 20043**
(Street Address) (City, State, Zip Code)

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

(e) E-Mail Address **wmcowen@dcif.org**

2. Lobbyist(s) Working for Registrant: List the full name of each in-house person employed and each individual retained by you to lobby on your behalf. If you do not employ an in-house person or retain an individual to lobby, state non-applicable.

(a) Name **Wayne E. McOwen** (b) Name _____

Address **3014 Fairmont Street** Address _____
(Street Address) (Street Address)

Falls Church, VA 22042
(City, State, Zip Code) (City, State, Zip Code)

Daytime Phone Number **202-387-0762** Daytime Phone Number _____
☐ If more space is needed, check box and attach OCF Supplemental Sheet.

3. Person Compensating Registrant: List the full name of each client with whom you have an agreement for compensation to provide lobbying services. If you do not contract to provide lobbying services, state non-applicable.

(a) Name **N/A** (b) Daytime Phone Number _____

(c) Address _____
(Street Address) (City, State, Zip Code)

(d) Nature of Business _____

4. Terms of Compensation: (a) _____ (b) _____
(Salary) (Duration of Employment)
☐ If more space is needed, check box and attach OCF Supplemental Sheet.

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

Any and all matters pertaining to Property, Casualty, Life and Health insurance

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

x *Joann Waiters*

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 **8** day of **January**, **2013**.

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Notary Public

My Commission Expires: **10/31/2016**

Rev. 12/2012

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