



**HAWAII STATE ETHICS COMMISSION**  
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 or P.O. BOX 616, HONOLULU, HAWAII 96809  
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NOTE: This is a public document.

STATE OF HAWAII  
**LOBBYIST REGISTRATION FORM**  
 ETHICS COMMISSION  
 (Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
Slovin	Gary	M.	808-539-0400
MAILING ADDRESS (Street)			FAX 808-533-4945
Alii Place, Suite 1400, 1099 Alakea Street			EMAIL gslovin@awlaw.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Ashford & Wriston LLP			808-539-0400
MAILING ADDRESS (Street)			FAX 808-533-4945
Alii Place, Suite 1400, 1099 Alakea Street			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	

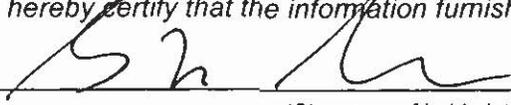
<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
TriWest Healthcare Alliance Corp.			602-564-2000
MAILING ADDRESS (Street)			FAX 602-504-8611
P.O. Box 42049			EMAIL
(City)	(State)	(Zip Code)	
Phoenix	AZ	85080-2049	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Elizabeth Dodd			602-564-2000
MAILING ADDRESS (Street)			FAX 602-504-8611
TriWest Healthcare Alliance Corp., P.O. Box 42049			EMAIL bdodd@triwest.com
(City)	(State)	(Zip Code)	
Phoenix	AZ	85080-2049	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

- |   |   |   |   |
|---|---|---|---|
| <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 type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input type="checkbox"/> Consumer Protection & Commerce           | <input type="checkbox"/> Hawaiian Affairs               | <input type="checkbox"/> Labor & Employment                                 | <input 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>Taxation</u>   |

**PART IV CERTIFICATION OF LOBBYIST**

*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*



(Signature of Lobbyist)

1/10/2014

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
David McIntyre	President & CEO

NAME OF ORGANIZATION (if applicable)	TELEPHONE
TriWest Healthcare Alliance Corp.	602-564-2000

MAILING ADDRESS (Street)	FAX 602-504-8611
P.O. Box 42049	EMAIL

(City)	(State)	(Zip Code)
Phoenix	AZ	85080-2049

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



(Signature of Authorizing Officer or Person Represented)

1/6/2014

(Date)