



## HAWAII STATE ETHICS COMMISSION

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or P.O. BOX 616, HONOLULU, HAWAII 96809  
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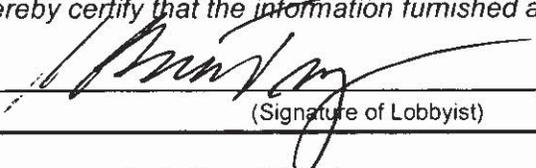
## LOBBYIST REGISTRATION FORM

(Type or Print Clearly) STATE OF HAWAII  
STATE ETHICS COMMISSION

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Tsujimura	Rick		808-539-0400
MAILING ADDRESS (Street)			FAX 808-533-4945
Alii Place, Suite 1400, 1099 Alakea Street			EMAIL <a href="mailto:rtsujimura@awlaw.com">rtsujimura@awlaw.com</a>
(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	

PART II ORGANIZATION		
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 <a href="mailto:bdodd@triwest.com">bdodd@triwest.com</a>	
(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>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
	<u>1/10/2014</u>
(Signature of Lobbyist)	(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	
P.O. Box 42049	602-504-8611	
	EMAIL	
(City)	(State)	(Zip Code)
Phoenix	AZ	85080-2049
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
	<u>1/6/2014</u>	
(Signature of Authorizing Officer or Person Represented)	(Date)	