



**HAWAII STATE ETHICS COMMISSION**  
 1001 BISHOP STREET, HONOLULU, HAWAII 96813  
 or P.O. BOX 616, HONOLULU, HAWAII 96809  
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 Web site: [www.hawaii.gov/ethics](http://www.hawaii.gov/ethics)

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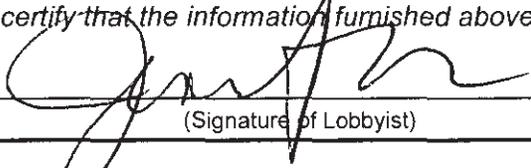
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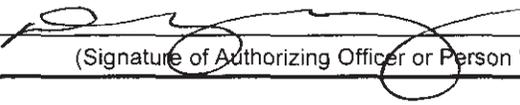
**LOBBYIST REGISTRATION FORM** OF HAWAII  
 (Type or Print Clearly) STATE ETHICS COMMISSION

| <b>PART I LOBBYIST</b>  |          |            |                            |
|---|----------|------------|----------------------------|
| NAME (Last)   | (First)  | (Middle)   | TELEPHONE                  |
| Taylor  | Jennifer | C.         | 808-539-0400               |
| MAILING ADDRESS (Street)  |          |            | FAX 808-533-4945           |
| Alii Place, Suite 1400, 1099 Alakea Street  |          |            | EMAIL<br>jtaylor@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<br>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>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i> |                         |
| <br>(Signature of Lobbyist)        | <u>1/9/14</u><br>(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>                               |  |            |
| <br>(Signature of Authorizing Officer or Person Represented) | <u>1/6/2014</u><br>(Date)                          |            |