



HAWAII STATE ETHICS COMMISSION
 1001 BISHOP STREET, HONOLULU, HAWAII 96813
 or P.O. BOX 616, HONOLULU, HAWAII 96809
 TEL: (808) 587-0460 FAX: (808) 587-0470
 email: ethics@hawaiiethics.org
 Web site: www.hawaii.gov/ethics

THIS SPACE FOR OFFICE USE ONLY

NOTE: This is a public document.

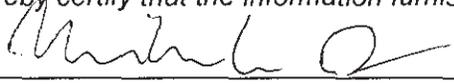
'14 JAN 10 P 1 :57

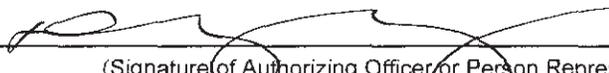
LOBBYIST REGISTRATION FORM STATE OF HAWAII
 (Type or Print Clearly) STATE ETHICS COMMISSION

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Ito	Mihoko	E.	808-539-0400
MAILING ADDRESS (Street)			FAX 808-533-4945
Alii Place, Suite 1400, 1099 Alakea Street			EMAIL mito@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	

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 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>	
	<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)	