



**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](mailto:ethics@hawaiiethics.org)  
Web site: [www.hawaii.gov/ethics](http://www.hawaii.gov/ethics)

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STATE OF HAWAII  
STATE ETHICS COMMISSION

NOTE: This is a public document.

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Sabas	John	R.	(808) 523-2500
MAILING ADDRESS (Street)			FAX (808) 523-0842
1001 Bishop Street, Ste. 2100			EMAIL <a href="mailto:jsabas@carlsmith.com">jsabas@carlsmith.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
Carlsmith Ball LLP			(808) 523-2500
MAILING ADDRESS (Street)			FAX (808) 523-0842
1001 Bishop Street, Ste. 2100			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

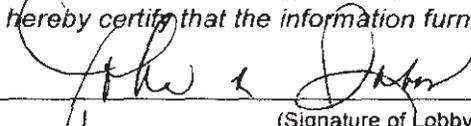
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Kaiser Foundation Hospitals & Health Plan			
MAILING ADDRESS (Street)			FAX
Legal Services & Government Relations, 711 Kapiolani Boulevard			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Frank P. Richardson			(808) 432-5408
MAILING ADDRESS (Street)			FAX (808) 432-5906
Legal Services & Government Relations, 711 Kapiolani Boulevard			EMAIL <a href="mailto:Frank.P.Richardson@kp.org">Frank.P.Richardson@kp.org</a>
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

**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 type="checkbox"/> Other: (indicate below)                    |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing                        | <input type="checkbox"/> Public Safety & Corrections                        | _____   |

**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)

1/19/2016  
 \_\_\_\_\_  
 (Date)

**PART V AUTHORIZATION TO LOBBY**

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Frank P. Richardson	VP & Regional Counsel

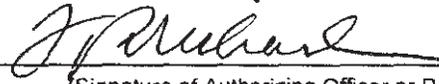
NAME OF ORGANIZATION (if applicable)	TELEPHONE
Kaiser Foundation Hospitals & Health Plan	(808) 432-5408

MAILING ADDRESS (Street)	FAX
Legal Services & Government Relations, 711 Kapiolani Boulevard	(808) 432-5906

(City)	(State)	(Zip Code)
Honolulu	HI	96813

EMAIL
Frank.P.Richardson@kp.org

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

  
 \_\_\_\_\_  
 (Signature of Authorizing Officer or Person Represented)

1/13/2016  
 \_\_\_\_\_  
 (Date)