



**HAWAII STATE ETHICS COMMISSION**  
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STATE OF HAWAII  
 STATE ETHICS COMMISSION

NOTE: This is a public document.

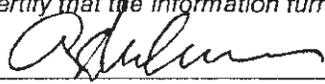
**LOBBYIST REGISTRATION FORM**

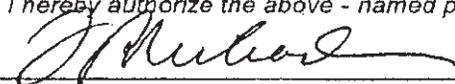
(Type or Print Clearly)

| <b>PART I LOBBYIST</b>  |         |            |                                  |
|---|---------|------------|----------------------------------|
| NAME (Last)   | (First) | (Middle)   | TELEPHONE                        |
| Nakamura  | Craig   | G.         | (808) 242-4535                   |
| MAILING ADDRESS (Street)  |         |            | FAX (808) 244-4974               |
| One Main Plaza, Suite 400, 2200 Main Street   |         |            | EMAIL<br>cnakamura@carlsmith.com |
| (City)  | (State) | (Zip Code) |                                  |
| Wailuku   | HI      | 96793-1086 |                                  |
| 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      |                                  |

| <b>PART II ORGANIZATION</b>  |         |            |                                    |
|--|---------|------------|------------------------------------|
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)                         |         |            | TELEPHONE                          |
| Kaiser Foundation Hospitals & Health Plan                                      |         |            |                                    |
| MAILING ADDRESS (Street)   |         |            | FAX                                |
| Legal Services & Government Relations, 712 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, 712 Kapiolani Boulevard                 |         |            | EMAIL<br>Frank.P.Richardson@kp.org |
| (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>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i> |             |
|                                    | JAN 19 2016 |
| (Signature of Lobbyist)   | (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 (808) 432-5906                                 |            |
| Legal Services & Government Relations, 711 Kapiolani Boulevard  | EMAIL<br>Frank.P.Richardson@kp.org                 |            |
| (City)  | (State)  | (Zip Code) |
| Honolulu  | HI   | 96813      |
| <i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i> |  |            |
|                                | 1/13/2016  |            |
| (Signature of Authorizing Officer or Person Represented)  | (Date)   |            |