

**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
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 Web site: www.hawaii.gov/ethics

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STATE OF HAWAII
STATE ETHICS COMMISSION

NOTE: This is a public document.

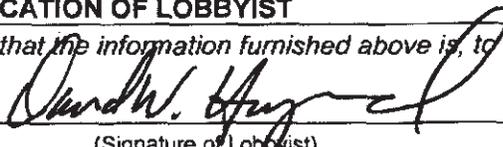
LOBBYIST REGISTRATION FORM

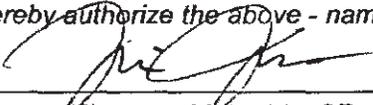
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Heywood	David	W.	(808) 535-1010
MAILING ADDRESS (Street)			FAX (855) 654-1126
1132 Bishop Street, Suite 400			EMAIL david_w_heywood@uhc.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
UnitedHealthcare Community Plan Hawai'i			
MAILING ADDRESS (Street)			FAX
1132 Bishop Street, Suite 400			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
United HealthCare Services, Inc.			(702) 242-7191
MAILING ADDRESS (Street)			FAX (844) 231-7935
9900 Bren Road East			EMAIL
(City)	(State)	(Zip Code)	
Minnetonka	MN	55343	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Ann R. Tinker			(702) 242-7191
MAILING ADDRESS (Street)			FAX (844) 231-7935
2724 N. Tenaya Way, Mail Route NV17-5040			EMAIL ann.tinker@uhg.com
(City)	(State)	(Zip Code)	
Las Vegas	NV	89128	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input checked="" 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 checked="" 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 checked="" 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)	1/26/2016 (Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Jeri L. Jones	West Region CEO	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
UnitedHealthcare Community & State	(602) 255-8452	
MAILING ADDRESS (Street)	FAX	EMAIL
1 E. Washington Street		jeri_l_jones@uhc.com
(City)	(State)	(Zip Code)
Phoenix	AZ	85004
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.		
 (Signature of Authorizing Officer or Person Represented)		1-25-16 (Date)