



HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813

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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
Dendle	Phyllis	JB	808-432-5210
MAILING ADDRESS (Street)			FAX 808 432-5906
711 Kapiolani Blvd			EMAIL phyllis.dendle@kp.org
(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
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Kaiser Foundation Health Plan, Inc.			808-432-5241
MAILING ADDRESS (Street)			FAX 808 432-5906
711 Kapiolani Blvd			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Phyllis Dendle			808-432-5210
MAILING ADDRESS (Street)			FAX 808 432-5906
711 Kapiolani Blvd			EMAIL
(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 checked="" type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input checked="" 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 checked="" 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.

Chyllis B Dendle
 (Signature of Lobbyist)

01-20-2015
 (Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Frank Richardson	Vice President, Legal & Government Relations

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Kaiser Foundation Health Plan, Inc.	808-432-5408

MAILING ADDRESS (Street)	FAX
711 Kapiolani Blvd	808 432-5906
	EMAIL
	frank.p.richardson@kp.org

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

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

J. Richard
 (Signature of Authorizing Officer or Person Represented)

1/20/15
 (Date)