



## 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
Richardson	Frank	P	808-432-5408
MAILING ADDRESS (Street)			FAX 808 432-5906
711 Kapiolani Blvd			EMAIL frank.p.richardson@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)	

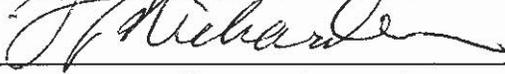
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Kaiser Foundation Health Plan, Inc.			808-432-5241
MAILING ADDRESS (Street)			FAX 808 432-5906
711 Kapiolani Blvd			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S 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.



(Signature of Lobbyist)

1/20/15

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Mary Ann Barnes	Regional President

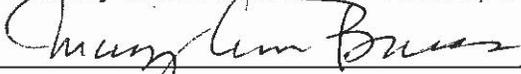
NAME OF ORGANIZATION (if applicable)	TELEPHONE
Kaiser Foundation Health Plan, Inc.	808 432-5850

MAILING ADDRESS (Street)	FAX
2828 Paa Street	808 432-5867

EMAIL
mary.ann.barnes@kp.org

(City)	(State)	(Zip Code)
Honolulu	HI	96819

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



(Signature of Authorizing Officer or Person Represented)

1/21/15

(Date)