



**HAWAII STATE ETHICS COMMISSION**  
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 or P.O. BOX 616, HONOLULU, HAWAII 96809  
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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
Radcliffe	John	Henry	(808) 531-4551
MAILING ADDRESS (Street)			FAX (808) 533-4601
222 South Vineyard Street, Suite 401			EMAIL jhr@808cch.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96813-2453	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Capitol Consultants of Hawaii, LLP.			(808) 531-4551
MAILING ADDRESS (Street)			FAX (808) 533-4601
222 South Vineyard Street, Suite 401			EMAIL jhr@808cch.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

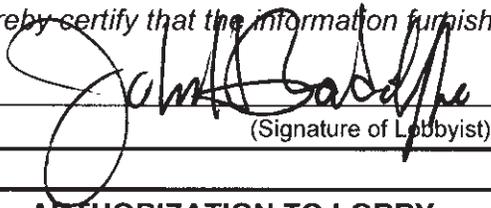
<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
United HealthCare Services, Inc.			(702) 242-7191
MAILING ADDRESS (Street)			FAX (702) 242-7931
9900 Bren Road East			EMAIL
(City)	(State)	(Zip Code)	
Minnetonka	MN	55343	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Ann R. Tinker			(702) 242-7191
MAILING ADDRESS (Street)			FAX (702) 242-7931
2724 N. Tenaya Way Mail Route NV019-2000			EMAIL
(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 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)

4 March 2015  
 \_\_\_\_\_  
 (Date)

**PART V AUTHORIZATION TO LOBBY**

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Stephen M. Heyman	Vice President & Head of State Government Affairs

NAME OF ORGANIZATION (if applicable)	TELEPHONE
United HealthCare Services, Inc.	(202) 383-6414

MAILING ADDRESS (Street)	FAX
701 Pennsylvania Ave., NW, Suite 200	EMAIL
	steve_heyman@uhg.com

(City)	(State)	(Zip Code)
Washington	DC	20004

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

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

3/2/15  
 \_\_\_\_\_  
 (Date)