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FORM
ORG
(Rev 5/2013)

STATE OF HAWAII
STATE ETHICS COMMISSION



HAWAII STATE ETHICS COMMISSION ORGANIZATION'S EXPENDITURES AND CONTRIBUTIONS REPORT

REPORT YEAR: 2014 Amended Statement
For Lobbying Reporting Period: January 1 - last day of February March 1 - April 30 May 1 - December 31

ORGANIZATION INFORMATION

TriWest Healthcare Alliance
Organization Name
P.O. Box 42049

Elizabeth Dodd
Contact Person

Mailing Address (Number and Street or P.O. Box)

Phoenix AZ 85080
City State Zip Code
(602) 504-8611 bdodd@triwest.com
Telephone Extension Email Address

PART I. TOTAL EXPENDITURES

| | | Total Amount |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 1 | Preparation & Distribution of Lobbying Materials _____ | 1 _____ |
| 2 | Media Advertising _____ | 2 _____ |
| 3 | Postage _____ | 3 _____ |
| 4 | Compensation Paid to Lobbyists (Attached Additional Sheets As Needed) <i>List the names of all lobbyists and compensation paid to lobbyists during the statement period</i> | |
| | Lobbyist Name Compensation Paid | |
| A. | Gary M. Slovin _____ A. _____ 2,380.10 | |
| B. | Rick Tsujimura _____ B. _____ 330.89 | |
| C. | Mihoko E. Ito _____ C. _____ 439.79 | |
| D. | Tiffany N. Yajima _____ D. _____ 0.00 | |
| E. | Jennifer C. Taylor _____ E. _____ 0.00 | |
| F. | _____ F. _____ | |
| G. | Total from Additional Attached Sheet(s) _____ G. _____ | |
| | Add lines A through G _____ Total Compensation Paid ▶ 4 | 3,150.78 |
| 5 | Fees Paid to Consultants (other than to Lobbyists) _____ | 5 _____ |
| 6 | Entertainment & Events _____ | 6 _____ |
| 7 | Receptions, Meals, Food & Beverages _____ | 7 _____ |
| 8 | Gifts _____ | 8 _____ |
| 9 | Loans _____ | 9 _____ |
| 10 | Other Disbursements _____ | 10 _____ |
| | Add lines 1 through 10 _____ Total Expenditures ▶ | 3,150.78 |

RECEIVED BY U.S. MAIL

EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

Name and address of each person with respect to whom expenditures for the purpose of lobbying in the total sum of \$25 or more in any single calendar day was made and amount or value of expenditures.

| Name & Address | Amount or Value |
|----------------|-----------------|
| | |
| | |
| | |
| | |

Check here if additional sheets are attached

AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON

Name and address of each person with respect to whom expenditures for the purpose of lobbying in the aggregate of \$150 or more was made during the statement period and amount or value of expenditures.

| Name & Address | Amount or Value |
|----------------|-----------------|
| | |
| | |
| | |
| | |

Check here if additional sheets are attached

PART II. CONTRIBUTIONS RECEIVED

Name and address of each person making contributions to the filer for purposes of lobbying in the total sum of \$25 or more during the statement period and the amount or value of such contribution.

| Name & Address | Amount or Value |
|----------------|-----------------|
| | |
| | |
| | |
| | |

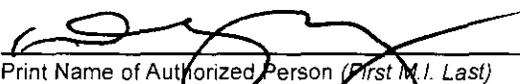
Check here if additional sheets are attached

PART III. SUBJECT AREAS OF LOBBYING

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- | | | | |
|-------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------------------------|
| <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 checked="" type="checkbox"/> Other (indicate below). |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | <u>Taxation</u> |

AUTHORIZED PERSON

 _____ President & CEO _____ 5/20/14
 Print Name of Authorized Person (First M.I. Last) Title Date (m/d/yyyy)

CERTIFICATION: By checking this box, you signify and affirm that you are the person whose name appears as the "Authorized Person" above and the information contained in the form is true, correct and complete to the best of your knowledge and belief. You further certify that you understand that there are statutory penalties for failing to report the information required by Hawaii law.