



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
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
Dzwilewski	Georgette		858-220-5044
MAILING ADDRESS (Street)			FAX 858-459-8360
5575 Ladybird Lane			EMAIL georgette.dzwilewski@rb.com
(City)	(State)	(Zip Code)	
La Jolla	CA	92037	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
N/A			
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Indivior PLC			804-423-6952
MAILING ADDRESS (Street)			FAX
10710 Midlothian Turnpike, Suite 430			EMAIL
(City)	(State)	(Zip Code)	
Richmond	VA	23235	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Carrie Castro			703-684-1110
MAILING ADDRESS (Street)			FAX 703-684-7912
MultiState Associates Inc., 515 King Street, Suite 300			EMAIL ccastro@multistate.com
(City)	(State)	(Zip Code)	
Alexandria	VA	22314	

REC'D BY *FEDEX*

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|---|---|---|---|
| <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 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.

Margette Dzikush
(Signature of Lobbyist)

12/21/2014
(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Sam Moffit	Director Managed Care

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Indivior PLC	804-423-6952

MAILING ADDRESS (Street)	FAX
10710 Midlothian Turnpike, Suite 430	EMAIL
	sam.moffit@rb.com

(City)	(State)	(Zip Code)
Richmond	VA	23235

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

Sam

(Signature of Authorizing Officer or Person Represented)

12/17/14
(Date)