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
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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
Colaneri	Joe		202-672-5471
MAILING ADDRESS (Street)			FAX
3000 K Street, NW, Suite 600			EMAIL jcolaneri@foley.com
(City)	(State)		(Zip Code)
Washington	D.C.		20009
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Foley & Lardner LLP			
MAILING ADDRESS (Street)			FAX
3000 K Street, NW, Suite 600			EMAIL
(City)	(State)		(Zip Code)
Washington	D.C.		20009

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Center for Oral Health		(909) 469-8300
MAILING ADDRESS (Street)		FAX
309 East Second Street		EMAIL
(City)	(State)	(Zip Code)
Pomona	CA	91766-1854
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Conrado Barzaga		(909) 469-8300
MAILING ADDRESS (Street)		FAX
309 East Second Street		EMAIL
(City)	(State)	(Zip Code)
Pomona	CA	91766-1854

REC'D BY email

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

☐ Agriculture	☐ Education	☐ Human Services	☐ Science, Technology & Economic Development
☐ Communications & Public Utilities	☐ Government Operation & Finance	☐ Intergovernmental Relations, International Affairs	☐ Tourism & Recreation
☐ Consumer Protection & Commerce	☐ Hawaiian Affairs	☐ Labor & Employment	☐ Transportation
☐ Culture, Arts, Historic Preservation	☑ Health	☐ Planning, Land & Water Use Management	☐ Other: (indicate below)
☐ Ecology, Energy Environmental Protection	☐ Housing	☐ 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) (Date) 1/1/15

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Conrado Barzaga	Executive Director

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Center for Oral Health	(909) 469-8300
MAILING ADDRESS (Street)	FAX
309 East Second Street	EMAIL

(City)	(State)	(Zip Code)
Pomona	CA	91766-1854

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

(Signature of Authorizing Officer or Person Represented) (Date) 1/1/15