



HAWAII STATE ETHICS COMMISSION
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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
Barrientos	Lawless		
MAILING ADDRESS (Street)			FAX
276 Eagle Drive			EMAIL
(City)	(State)	(Zip Code)	lawless.barrientos@dentaquest.com
Golden	CO	80403	
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
DentaQuest			
MAILING ADDRESS (Street)			FAX
276 Eagle Drive			EMAIL
(City)	(State)	(Zip Code)	lawless.barrientos@dentaquest.com
Golden	CO	80403	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Lawless Barrientos			
MAILING ADDRESS (Street)			FAX
276 Eagle Drive			EMAIL
(City)	(State)	(Zip Code)	lawless.barrientos@dentaquest.com
Golden	CO	80403	

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.



 (Signature of Lobbyist)

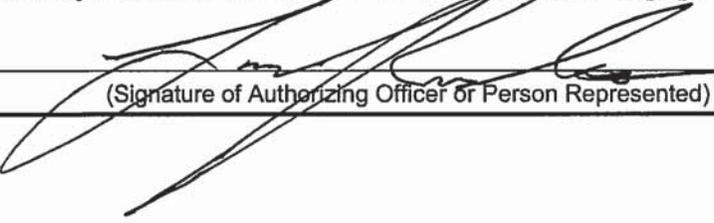
2/18/16

 (Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Lawless Barricantos			
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Denta Quest			
MAILING ADDRESS (Street)		FAX	
276 Eagle Drive			
MAILING ADDRESS (City)		EMAIL	
Golden	CO	80403	Lawless.Barricantos@dentaquest.com
(City)	(State)	(Zip Code)	

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



 (Signature of Authorizing Officer or Person Represented)

2/18/16

 (Date)