HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
Coloma-Agaran	Gilbert	Samuel	(808) 242-4049
MAILING ADDRESS (Street)			FAX
24 North Church Street Suite #409			(808) 244-4021
(City)	(State)	(Zip Code)	
Wailuku,	Hawaii	96793	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
TAKITANI & AGARAN			(808) 242-4049
MAILING ADDRESS (Street)			FAX
24 North Church Street Suite # 409			(808) 244-4021
(City)	(State)	(Zip Code)	
Wailuku	Hawaii	96793	

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Clinical Laboratories of Hawaii, LLP			(808) 677-7999
MAILING ADDRESS (Street)			FAX
91-2135 Fort Weaver Road #300			(808) 677-7990
(City)	(State)	(Zip Code)	
Ewa Beach	Hawaii	96706	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Francis U. Imada			808-677-7999
MAILING ADDRESS (Street)			FAX
91-2135 Fort Weaver Road, Suite 300			808-677-7990
(City)	(State)	(Zip Code)	
Ewa Beach, Hawaii		96707	

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & 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 Block _____ 3/14/05

(Signature of Lobbyist) (Date)

PART V AUTHORIZATION TO LOBBY

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Clinical Laboratories of Hawaii, LLP	(808) 677-7999
MAILING ADDRESS (Street)	**FAX**
91-2135 Fort Weaver Road #300	(808) 677-7990

(City)	(State)	(Zip Code)
Ewa Beach	Hawaii	96706

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

Signature Block _____ 3/22/05

(Signature of Authorizing Officer or Person Represented) (Date)