



16HOL06F012

**Virginia Conflict of Interest and Ethics Advisory Council
LOBBYIST REGISTRATION FORM (Rev. 4/05)**

Please send the original and a copy with a \$50.00 registration fee, made
Payable to the Treasurer of Virginia to:

*Secretary of the Commonwealth
Attn: Lobbyist Specialist
1111 E. Broad St
4th Floor
Richmond, Virginia 23219*

FOR OFFICE USE ONLY
Principal Notification Date _____
Date Received _____
Fee Paid: Check # _____ **Cash** _____

(1) **PRINCIPAL:** _____ Virginia Oral Health Coalition

(1a) **What type of business is the principle engaged in:**

Oral health education and public awareness

Officer of Principal authorizing your employment as a lobbyist, or to whom your expenditures will be reported. *The same name may not appear in items 2 and 5 of this form.*

(2) **Name:** _____ Robin Haldiman

(2a) **Business Address:** _____ 106 Needlewood Huddleston, VA 24104

(2b) **Business Telephone:** _____ 540-537-9428

Officer of Principal who will retain **ALL** records, in behalf of the principal, with respect to your lobbying activities for their organization. If records are physically stored in another location, please so indicate in the space provided by item 3c.

(3) **Name:** _____ Sarah Holland

(3a) **Business Address:** _____ 4200 Innslake Dr. Suite 103, Glen Allen, VA 23060

(3b) **Business Telephone:** _____ 804.269.8721

(3c) **Business Address/Telephone number of location where records are stored:**

(4) **Please list the full name(s), business address(es), and telephone number(s) of all other individual(s) that are registered to lobby in behalf of the PRINCIPAL listed in item 1 of your registration form.**

Nicole Pugar
Williams Mullen Center
200 South 10th Street, Suite 1600
Richmond, VA 23219

SECRETARY OF THE COMMONWEALTH
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(5) **LOBBYIST:** Sarah Bedard Holland

(5a) **Business Address:** 4200 Innslake Dr Suite 103, Glen Allen, VA 23060

(5b) **Business Telephone:** (804) 269-8721

(5c) **E-Mail Address:** sholland@vaoralhealth.org

Individual who will retain ALL records, on behalf of the lobbyist, with respect to your lobbying activities for the afore-designated principal. If records are physically stored in another location, please so indicate in the space provided in item 7d.

(6) **Name:** Sarah Bedard Holland

(6a) **Business Address:** 4200 Innslake Dr Suite 103, Glen Allen, VA 23060

(6b) **Business Telephone:** (804) 269-8721

(6c) **Business Address/Telephone number of location where records are stored:**

(7) **Matters and purpose for which you expect to lobby:** (be as specific as possible in this response)
access to oral health services and education

(8) **As a lobbyist, you are:** (check one)

☒ **Employed** (Lobbyist is on payroll of principal)

☐ **Retained** (Lobbyist is not on payroll of principal, but is compensated)

☐ **Not Compensated** (Lobbyist is not compensated, but expenses may be reimbursed)

(9) **If you are *employed* either part-time or full-time by the principal, please give your job title:**

Executive Director

I, the undersigned lobbyist, do state that the information furnished on this registration statement and on any and all accompanying statements attached thereto, is to the best of my knowledge and belief, complete and accurate.

Date: 12/01/2015 Lobbyist's Signature: Sarah Bedard Holland (Electronically Signed: 12/1/2015 5:44:50 PM)