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
Zirbel	Lauren	Suzanne	
MAILING ADDRESS (Street)			FAX
PO BOX 1739			EMAIL
(City)	(State)		(Zip Code)
Kailua	Hawaii		96734
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
LSZ Consulting			
MAILING ADDRESS (Street)			FAX
PO BOX 1739			EMAIL
(City)	(State)		(Zip Code)
Kailua	Hawaii		96734

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Hawaii Ophthalmological Society		
MAILING ADDRESS (Street)		FAX
1360 South Beretania Street, Suite 200		EMAIL
(City)	(State)	(Zip Code)
Honolulu	HI	96814
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Dr. Joseph Zobian		
MAILING ADDRESS (Street)		FAX
1360 South Beretania St., Suite 200		EMAIL
(City)	(State)	(Zip Code)
Honolulu	HI	96814

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.

Lauren Zirbel — 1-9-13

(Signature of Lobbyist) — (Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Joseph Zobian	Legislative Chair

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Hawaii Ophthalmological Society	
MAILING ADDRESS (Street)	FAX
1360 South Beretania Street, Suite 200	EMAIL

(City)	(State)	(Zip Code)
Honolulu	HI	96814

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

1/25/13

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