



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, HONOLULU, HAWAII 96813
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TEL: (808) 587-0460 FAX: (808) 587-0470
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NOTE: This is a public document.

STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) Wilson	(First) Cathy	(Middle) M	TELEPHONE 954-993-2754
MAILING ADDRESS (Street) 4999 Kahala Ave #148			FAX 786-594-4641
			EMAIL cwilson@ahcs.com
(City) Honolulu	(State) HI		(Zip Code) 96816
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) Automated HealthCare Solutions		TELEPHONE 954-874-4613
MAILING ADDRESS (Street) 2901 SW 149th Ave #400		FAX
		EMAIL
(City) Miramar	(State) FL	(Zip Code) 33027
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Jennifer Maurer		TELEPHONE 954.892.2497
MAILING ADDRESS (Street) 2901 SW 149 Avenue, Suite 400		FAX 954.405.2251
		EMAIL jmaurer@ahcs.com
(City) Miramar	(State) Florida	(Zip Code) 33027

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 checked="" 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.	
<u>Cathy Wilson</u>	<u>5/23/13</u>
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
<u>Jennifer Maurer</u>	<u>Govt Affairs Director</u>	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
<u>Automated HealthCare Solutions LLC</u>	<u>954.892.2497</u>	
MAILING ADDRESS (Street)	FAX	
<u>2901 SW 149 Ave., Suite 400</u>	<u>954.465.2257</u>	
(City)	EMAIL	(Zip Code)
<u>Miramar</u>	<u>jmaurer@ahcs.com</u>	<u>33027</u>
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.		
<u>Jennifer Maurer</u>	<u>5/30/2013</u>	
(Signature of Authorizing Officer or Person Represented)	(Date)	