EMAIL

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
Zirbel	Lauren	Suzanne	808-294-9968
MAILING ADDRESS (Street)			FAX
PO Box 1739			EMAIL laurenzirbel@gmail.com
(City)	(State)		(Zip Code)
Kailua	HI		96734
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
LSZ Consulting			808-294-9968
MAILING ADDRESS (Street)			FAX
PO BOX 1739			EMAIL laurenzirbel@gmail.com
(City)	(State)		(Zip Code)
Kailua	HI		96734

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE (cell)
American Congress of Obstetricians and Gynecologists Hawaii (Guam & American Samoa) Section		808-265-5771
MAILING ADDRESS (Street)		FAX
1319 Punahou Street, Suite 990		EMAIL lkamemoto@hawaii.edu
(City)	(State)	(Zip Code)
Honolulu, Hawaii		96826
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE (cell)
Lori Kamemoto, MD, MPH - Hawaii Section Chair		808-265-5771
MAILING ADDRESS (Street) c/o Hawaii ACOG		FAX
1319 Punahou Street, Suite 990		EMAIL lkamemoto@hawaii.edu
(City)	(State)	(Zip Code)
Honolulu, Hawaii		96826

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 Zurbel — (Signature of Lobbyist)

NOV. 14 2013 — (Date)

PART V AUTHORIZATION TO LOBBY

NAME: Lori Kamemoto, MD, MPH

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED: Hawaii Section Chair

NAME OF ORGANIZATION (if applicable): American Congress of Obstetricians and Gynecologists Hawaii (Guam & American Samoa) Section

TELEPHONE: (cell) 808-265-5771

MAILING ADDRESS (Street): c/o Hawaii ACOG, 1319 Punahou Street, Suite 990

FAX:

EMAIL: lkamemoto@hawaii.edu

(City) Honolulu, (State) Hawaii (Zip Code) 96826

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

(Signature of Authorizing Officer or Person Represented)

11/14/2013 (Date)