



HAWAII STATE ETHICS COMMISSION
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STATE OF HAWAII
 STATE ETHICS COMMISSION

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
American Congress of Obstetricians and Gynecologists Hawaii (Guam & American Samoa) Section			(cell) 808-265-5771
MAILING ADDRESS (Street)			FAX
1319 Punahou Street; Suite 990			EMAIL lkamemot@hawaii.edu
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96826	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Lori Kamemoto, MD MPH - Hawaii Section Chair			(cell) 808-265-5771
MAILING ADDRESS (Street)			FAX
c/o Hawaii ACOG 1319 Punahou Street, Suite 990			EMAIL lkamemot@hawaii.edu
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96826	

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input checked="" 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 checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input 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.

Lawen Zierbel NOV. 14 2013
 (Signature of Lobbyist) (Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Lori Kamenoto, MD, MPH		Hawaii Section Chair	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
American Congress of Obstetricians and Gynecologists Hawaii (Guam & American Samoa) Section		(cell) 808-265-	
MAILING ADDRESS (Street)		FAX	
c/o Hawaii ACOG 1319 Panahou Street, Suite 990		5711	
(City)	(State)	EMAIL	
Honolulu	Hawaii	lkamenot@hawaii.edu	
96826		(Zip Code)	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
<u>Lori Kamenoto</u>		<u>11/14/2013</u>	
(Signature of Authorizing Officer or Person Represented)		(Date)	