



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
335 Hahani St., 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
335 Hahani St., 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
Consumer Healthcare Products Association			2024299260
MAILING ADDRESS (Street)			FAX
900 19th Street, NW Suite 700			EMAIL
(City)	(State)	(Zip Code)	
Washington	DC	20006	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Carlos Gutierrez			202-429-9260
MAILING ADDRESS (Street)			FAX
900 19th Street, NW Suite 700			EMAIL
(City)	(State)	(Zip Code)	
Washington	DC	20006	

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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 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 checked="" 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>Lawrence Ziebel</u> (Signature of Lobbyist)	<u>1/2/13</u> (Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
<u>Carlos Gutierrez</u>	<u>Director, State Affairs</u>	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
<u>Consumer Healthcare Products Assn</u>		
MAILING ADDRESS (Street)	FAX	EMAIL
<u>900 19th St., NW Suite 700</u>		
(City)	(State)	(Zip Code)
<u>Washington</u>	<u>DC</u>	<u>20006</u>
I hereby authorize the above named person to engage in lobbying activities on behalf of the undersigned.		
<u>Carlos J. Gutierrez</u> (Signature of Authorizing Officer or Person Represented)	<u>1/4/13</u> (Date)	