



HAWAII STATE ETHICS COMMISSION
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 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.

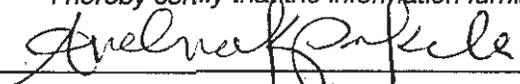
LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Pakele	Andria		(808) 741-7827
MAILING ADDRESS (Street)			FAX (786) 594-4657
810 Oneawa Street			EMAIL apakele@ahcs.com
(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
Automated HealthCare Solutions, LLC			(954) 416-8403
MAILING ADDRESS (Street)			FAX (954) 465-2257
2901 SW 149th Ave., #400			EMAIL jmaurer@ahcs.com
(City)	(State)	(Zip Code)	
Miramar	FL	33027	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Automated HealthCare Solutions, LLC			(954) 416-8403
MAILING ADDRESS (Street)			FAX (954) 465-2257
2901 SW 149th Ave., Suite 400			EMAIL jmaurer@ahcs.com
(City)	(State)	(Zip Code)	
Miramar	FL	33027	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Jannifer Maurer Bean			(954) 416-8403
MAILING ADDRESS (Street)			FAX (954) 465-2257
2901 SW 149th Ave., Suite 400			EMAIL jmaurer@ahcs.com
(City)	(State)	(Zip Code)	
Miramar	FL	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 checked="" 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>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
	^{AS} 4/10/16
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Jennifer Maurer Bean	VP of Gov't. Affairs	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
Automated HealthCare Solutions, LLC	(954) 416-8403	
MAILING ADDRESS (Street)	FAX (954) 465-2257	
2901 SW 149th Ave., Suite 400	EMAIL	
	jmaurer@ahcs.com	
(City)	(State)	(Zip Code)
Miramar	FL	33027
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
	3/31/2016	
(Signature of Authorizing Officer or Person Represented)	(Date)	