



**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)

<b>PART I LOBBYIST</b>			
NAME (Last) ZIRBEL	(First) LAUREN	(Middle) SUZANNE	TELEPHONE 808-294-9968
MAILING ADDRESS (Street) PO BOX 1739			FAX
			EMAIL laurenzirbel@gmail.com
(City) Kailua	(State) HI	(Zip Code) 96734	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) LSZ CONSULTING LLC			TELEPHONE 808-294-9968
MAILING ADDRESS (Street) PO BOX 1739			FAX
			EMAIL laurenzirbel@gmail.com
(City) Kailua	(State) HI	(Zip Code) 96734	

<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) HAWAII OPHTHALMOLOGICAL SOCIETY		TELEPHONE
MAILING ADDRESS (Street) 1360 SOUTH BERETANIA ST., SUITE 200		FAX
		EMAIL docwong@docwong.net
(City) HONOLULU	(State) HI	(Zip Code) 96814
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT William Wong		TELEPHONE
MAILING ADDRESS (Street) 1360 SOUTH BERETANIA ST., SUITE 200		FAX
		EMAIL docwong@docwong.net
(City) HONOLULU	(State) HI	(Zip Code) 96814

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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.

*Lauren Zierler*

1/26/15

(Signature of Lobbyist)

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME William Wong		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Legislative Team	
NAME OF ORGANIZATION (if applicable) HAWAII OPHTHALMOLOGICAL SOCIETY		TELEPHONE	
MAILING ADDRESS (Street) 1360 SOUTH BERETANIA ST., SUITE 200		FAX	
		EMAIL docwong@docwong.net	
(City) HONOLULU	(State) HI	(Zip Code) 96814	

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

(Signature of Authorizing Officer or Person Represented)

(Date)