



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) ZIRBEL	(First) LAUREN	(Middle) SUZANNE	TELEPHONE 808-294-9968
MAILING ADDRESS (Street) PO Box 1739			FAX
(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
(City) Kailua			(State) HI
			(Zip Code) 96734

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) HAWAII FOOD INDUSTRY ASSOCIATION		TELEPHONE
MAILING ADDRESS (Street) 1050 Bishop St., PMB 235		FAX
(City) Honolulu		(State) HI
		(Zip Code) 96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Lauren Zirbel		TELEPHONE
MAILING ADDRESS (Street) 1050 Bishop St., PMB 235		FAX
(City) Honolulu		(State) HI
		(Zip Code) 96813

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input checked="" type="checkbox"/> Human Services | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input checked="" 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 checked="" type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input checked="" 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 Zirbel
(Signature of Lobbyist)

1/26/15
(Date)

PART V AUTHORIZATION TO LOBBY

NAME Lauren Zirbel		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Executive Director	
NAME OF ORGANIZATION (if applicable) HAWAII FOOD INDUSTRY ASSOCIATION		TELEPHONE	
MAILING ADDRESS (Street) 1050 Bishop St., PMB 235		FAX	
		EMAIL laurenzirbel@hawaiifood.com	
(City) Honolulu	(State) Hi	(Zip Code) 96813	

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

Lauren Zirbel
(Signature of Authorizing Officer or Person Represented)

1/26/15
(Date)