

**HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, HONOLULU, HAWAII 96813
 or P.O. BOX 616, HONOLULU, HAWAII 96809
 TEL: (808) 587-0460 FAX: (808) 587-0470
 email: ethics@hawaiiethics.org
 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) 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	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) HAWAII MEDICAL ASSOCIATION			TELEPHONE
MAILING ADDRESS (Street) 1360 SOUTH BERETANIA ST., SUITE 200			FAX
			EMAIL
(City) HONOLULU	(State) HI	(Zip Code) 96814	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Chris Flanders			TELEPHONE
MAILING ADDRESS (Street) 1360 SOUTH BERETANIA ST., SUITE 200			FAX
			EMAIL
(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>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
<u>Lauren Zirebel</u> (Signature of Lobbyist)	<u>1/26/15</u> (Date)

PART V AUTHORIZATION TO LOBBY		
NAME CHRIS FLANDERS	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED EXECUTIVE DIRECTOR	
NAME OF ORGANIZATION (if applicable) HAWAII MEDICAL ASSOCIATION	TELEPHONE	
MAILING ADDRESS (Street) 1360 SOUTH BERETANIA ST., SUITE 200	FAX	
	EMAIL	
(City) HONOLULU	(State) HI	(Zip Code) 96814
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
<u>[Signature]</u> (Signature of Authorizing Officer or Person Represented)		<u>1/26/15</u> (Date)