



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) 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) CONSUMER HEALTHCARE PRODUCTS ASSOCIATION			TELEPHONE 202.429.3524
MAILING ADDRESS (Street) 1625 Eye Street, NW, Suite 600			FAX
			EMAIL cgutierrez@chpa.org
(City) Washington	(State) DC	(Zip Code) 20006	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT CARLOS GUTIERREZ			TELEPHONE 202.429.3524
MAILING ADDRESS (Street) 1625 Eye Street, NW, Suite 600			FAX
			EMAIL cgutierrez@chpa.org
(City) Washington	(State) DC	(Zip Code) 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 checked="" type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operation & Finance	<input checked="" 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 Zobel</u> (Signature of Lobbyist)	<u>1/27/15</u> (Date)

PART V AUTHORIZATION TO LOBBY	
NAME CARLOS GUTIERREZ	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Senior Director & Head of State Government Affairs
NAME OF ORGANIZATION (if applicable) CONSUMER HEALTHCARE PRODUCTS ASSOCIATION	TELEPHONE 202.429.3524
MAILING ADDRESS (Street) 1625 Eye Street, NW, Suite 600	FAX
(City) Washington	EMAIL cgutierrez@chpa.org
(State) DC	(Zip Code) 20006
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>	
<u>Carlos Gutierrez</u> (Signature of Authorizing Officer or Person Represented)	<u>2/4/15</u> (Date)