



**HAWAII STATE ETHICS COMMISSION**  
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NOTE: This is a public document.

**LOBBYIST REGISTRATION FORM**

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
Matsunaga	Matthew	M.	(808) 523-6061
MAILING ADDRESS (Street)			FAX (808) 523-6030
745 Fort Street, Suite 1500			EMAIL mmatsunaga@schlackito.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Schlack Ito LLLC			(808) 523-6040
MAILING ADDRESS (Street)			FAX (808) 523-6030
745 Fort Street, Suite 1500			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Automated HealthCare Solutions			(954) 874-4613
MAILING ADDRESS (Street)			FAX (954) 465-2257
2901 SW 149th Ave., Suite 400			EMAIL
(City)	(State)	(Zip Code)	
Miramar	FL	33027	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Jennifer Maurer			(954) 874-4613
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 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>	
<u>Matthew M. Matennaga</u> (Signature of Lobbyist)	<u>2/12/14</u> (Date)

PART V AUTHORIZATION TO LOBBY		
NAME Jennifer Maurer	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Director, Gov't. Affairs	
NAME OF ORGANIZATION (if applicable) Automated HealthCare Solutions	TELEPHONE (954) 874-4613	
MAILING ADDRESS (Street) 2901 SW 149th Ave., Suite 400	FAX (954) 465-2257	
	EMAIL jmaurer@ahcs.com	
(City) Miramar	(State) FL	(Zip Code) 33027
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
<u>J. Maurer</u> (Signature of Authorizing Officer or Person Represented)		<u>2/6/2015</u> (Date)