HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, STE. 970, HONOLULU, HI 96813

TEL: (808) 587-0460 FAX: (808) 587-0470
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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)	(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

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Automated HealthCare Solutions		(954) 416-8403
MAILING ADDRESS (Street)		FAX (954) 465-2257
1401 NW 136th Ave. Suite 400		EMAIL
(City)	(State)	(Zip Code)
Sunrise	FL	33323
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Jennifer Maurer Bean		(954) 416-8403
MAILING ADDRESS (Street)		FAX (954) 465-2257
1401 NW 136th Ave. Suite 400		EMAIL jbean@ahcs.com
(City)	(State)	(Zip Code)
Sunrise	FL	33323

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

☐ Agriculture	☐ Education	☐ Human Services	☐ Science, Technology & Economic Development
☐ Communications & Public Utilities	☐ Government Operation & Finance	☐ Intergovernmental Relations, International Affairs	☐ Tourism & Recreation
☑ Consumer Protection & Commerce	☐ Hawaiian Affairs	☑ Labor & Employment	☐ Transportation
☐ Culture, Arts, Historic Preservation	☑ Health	☐ Planning, Land & Water Use Management	☐ Other: (indicate below)
☐ Ecology, Energy Environmental Protection	☐ Housing	☐ 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.

Matthew Matsunaga — 1/21/19

(Signature of Lobbyist) (Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Jennifer Maurer Bean	Vice President of Government Affairs

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Automated HealthCare Solutions	(954) 416-8403
MAILING ADDRESS (Street)	FAX (954) 465-2257
1401 NW 136th Ave. Suite 400	EMAIL jbean@ahcs.com

(City)	(State)	(Zip Code)
Sunrise	FL	33323

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

JBean — 1/10/19

(Signature of Authorizing Officer or Person Represented) (Date)