



HAWAII STATE ETHICS COMMISSION
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 Web site: www.hawaii.gov/ethics

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NOTE: This is a public document.

LOBBYIST REGISTRATION FORM STATE OF HAWAII
 STATE ETHICS COMMISSION
 (Type or Print Clearly)

| | | | |
|-----------------------------------------------------------------------------------------------------------------|--------------|------------|------------------------------|
| PART I LOBBYIST | | | |
| NAME (Last) | (First) | (Middle) | TELEPHONE |
| Morris | George "Red" | Arthur | (808) 531-4551 |
| MAILING ADDRESS (Street) | | | FAX (808) 533-4601 |
| 222 South Vineyard Street, Suite 401 | | | EMAIL gamorrisinc@aol.com |
| (City) | (State) | (Zip Code) | |
| Honolulu | HI | 96813-2453 | |
| EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) | | | TELEPHONE |
| Capitol Consultants of Hawaii, LLP. | | | (808) 531-4551 |
| MAILING ADDRESS (Street) | | | FAX (808) 533-4601 |
| 222 South Vineyard Street, Suite 401 | | | EMAIL gamorrisinc@aol.com |
| (City) | (State) | (Zip Code) | |
| Honolulu | HI | 96813 | |

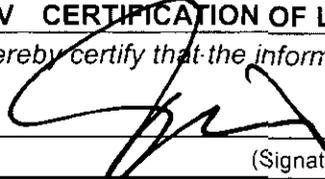
| | | | |
|--------------------------------------------------------------------------------|---------|------------|-----------------------------|
| PART II ORGANIZATION | | | |
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) | | | TELEPHONE |
| KPMG LLP | | | 808-540-2863 |
| MAILING ADDRESS (Street) | | | FAX |
| 1003 Bishop Street, Pauahi Tower, Suite 2100 | | | EMAIL fmcDaniel@kpmg.com |
| (City) | (State) | (Zip Code) | |
| Honolulu | HI | 96813-3421 | |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT | | | TELEPHONE |
| Fain McDaniel | | | 808-540-2863 |
| MAILING ADDRESS (Street) | | | FAX |
| 1003 Bishop Street, Pauahi Tower, Suite 2100 | | | EMAIL fmcDaniel@kpmg.com |
| (City) | (State) | (Zip Code) | |
| Honolulu | HI | 96813-2863 | |

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 checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input checked="" 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 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

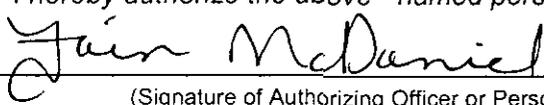
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

 _____ 1/18/13
 (Signature of Lobbyist) (Date)

PART V AUTHORIZATION TO LOBBY

| | | | |
|----------------------------------------------|--|----------------------------------------------------|--|
| NAME | | TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED | |
| Fain McDaniel | | Partner, Audit | |
| NAME OF ORGANIZATION (if applicable) | | TELEPHONE | |
| KPMG LLP | | 808-540-2863 | |
| MAILING ADDRESS (Street) | | FAX | |
| 1003 Bishop Street, Pauahi Tower, Suite 2100 | | EMAIL | |
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| (State) | | (Zip Code) | |
| Honolulu | | 96813-3421 | |

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

 _____ 1-15-13
 (Signature of Authorizing Officer or Person Represented) (Date)