



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

NOTE: This is a public document.



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LOBBYIST REGISTRATION FORM
 (Type or Print Clearly)

PART I LOBBYIST			STATE OF HAWAII STATE ETHICS COMMISSION
NAME (Last) Radcliffe	(First) John	(Middle) Henry	TELEPHONE (808) 531-4551
MAILING ADDRESS (Street) 222 South Vineyard Street, Suite 401			FAX (808) 533-4601
(City) Honolulu			EMAIL hawaiilobbyist@aol.com
(State) HI		(Zip Code) 96813-2453	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) Capitol Consultants of Hawaii, LLP.			TELEPHONE (808) 531-4551
MAILING ADDRESS (Street) 222 South Vineyard Street, Suite 401			FAX (808) 533-4601
(City) Honolulu			EMAIL hawaiilobbyist@aol.com
(State) HI		(Zip Code) 96813	

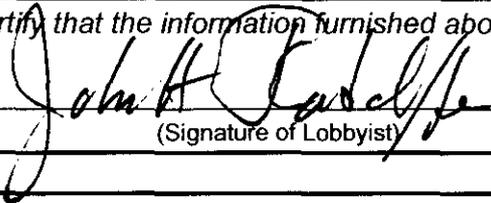
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Alliance of Residential Care Administrators		TELEPHONE (808) 676-7399
MAILING ADDRESS (Street) PO Box 758		FAX (808) 676-2979
(City) Pearl City		EMAIL fajotinacare@aol.com
(State) HI		(Zip Code) 96782
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Melody Butay Dacanay		TELEPHONE (808) 531-4551
MAILING ADDRESS (Street) 222 South Vineyard Street, Suite 401		FAX (808) 533-4601
(City) Honolulu		EMAIL mbutay@aol.com
(State) HI		(Zip Code) 96813

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 type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input 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 checked="" 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.


 (Signature of Lobbyist)

24 Jan 2013
 (Date)

PART V AUTHORIZATION TO LOBBY

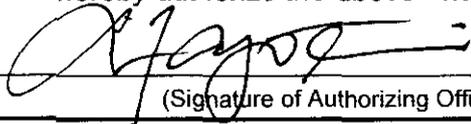
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Lilia Paredes Fajotina	President

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Alliance of Residential Care Administrators	(808) 676-7399

MAILING ADDRESS (Street)	FAX (808) 676-2979
PO Box 758	EMAIL fajotinacare@aol.com

(City)	(State)	(Zip Code)
Pearl City	HI	96782

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


 (Signature of Authorizing Officer or Person Represented)

1/15/13
 (Date)