



HAWAII STATE ETHICS COMMISSION

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

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	

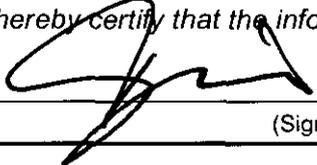
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Infor (US), Inc.			651-767-4866
MAILING ADDRESS (Street)			FAX 651-767-4927
380 Saint Peter Street			EMAIL Patty.Elias@infor.com
(City)	(State)	(Zip Code)	
St. Paul	MN	55102	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Melody Butay Dacanay			(808) 531-4551
MAILING ADDRESS (Street)			FAX (808) 533-4601
222 South Vineyard Street, Suite 401			EMAIL mbutay@aol.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

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.



(Signature of Lobbyist)

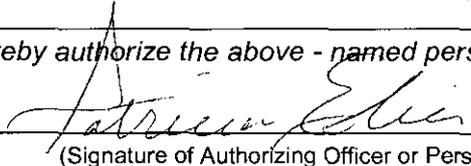
1/24/13

(Date)

PART V AUTHORIZATION TO LOBBY

NAME Patricia Elias		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Associate General Counsel	
NAME OF ORGANIZATION (if applicable) Infor (US), Inc.		TELEPHONE 651-767-4866	
MAILING ADDRESS (Street) 380 Saint Peter Street		FAX 651-767-4927	
(City) St. Paul		(State) MN	(Zip Code) 55102
EMAIL Patty.Elias@infor.com			

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



(Signature of Authorizing Officer or Person Represented)

1/17/2013

(Date)