



**HAWAII STATE ETHICS COMMISSION**  
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 or P.O. BOX 616, HONOLULU, HAWAII 96809  
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NOTE: This is a public document.

**LOBBYIST REGISTRATION FORM**

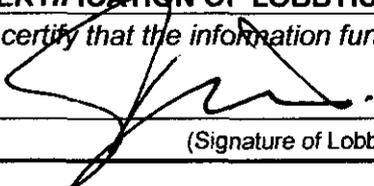
(Type or Print Clearly)

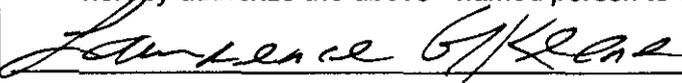
STATE OF HAWAII  
 STATE ETHICS COMMISSION

|   |              |            |                              |
|---|--------------|------------|------------------------------|
| <b>PART I LOBBYIST</b>  |              |            |                              |
| 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<br>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<br>gamorrisinc@aol.com |
| (City)  | (State)      | (Zip Code) |                              |
| Honolulu  | HI           | 96813      |                              |

|  |         |            |                         |
|--|---------|------------|-------------------------|
| <b>PART II ORGANIZATION</b>  |         |            |                         |
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)                         |         |            | TELEPHONE               |
| National Shooting Sports Foundation, Inc.                                      |         |            |                         |
| MAILING ADDRESS (Street)   |         |            | FAX                     |
| 11 Mile Hill Road  |         |            | EMAIL                   |
| (City)   | (State) | (Zip Code) |                         |
| Newtown  | CT      | 06470-2359 |                         |
| 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<br>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 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 checked="" 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.          |                            |
| <br>_____<br>(Signature of Lobbyist) | 7/22/13<br>_____<br>(Date) |

| PART V AUTHORIZATION TO LOBBY   |  |            |
|---|--|------------|
| NAME  | TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED |            |
| Lawrence G. Keane   | Assistant Secretary, Sr. VP & General Counsel      |            |
| NAME OF ORGANIZATION (if applicable)  | TELEPHONE  |            |
| National Shooting Sports Foundation   |  |            |
| MAILING ADDRESS (Street)  | FAX  | EMAIL      |
| 11 Mile Hill Road   |  |            |
| (City)  | (State)  | (Zip Code) |
| Newtown   | CT   | 06470-2359 |
| I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.  |  |            |
| <br>_____<br>(Signature of Authorizing Officer or Person Represented) | 7/16/13<br>_____<br>(Date)                         |            |