

**HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, HONOLULU, HAWAII 96813
 or P.O. BOX 616, HONOLULU, HAWAII 96809
 TEL: (808) 587-0460 FAX: (808) 587-0470
 email: ethics@hawaiiethics.org
 Web site: www.hawaii.gov/ethics

THIS SPACE FOR OFFICE USE ONLY

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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
Orlando	Ron		215-286-4517
MAILING ADDRESS (Street)			FAX 215-286-8404
1701 JFK Blvd., 49th Fl			EMAIL ron_orlando@comcast.com
(City)	(State)	(Zip Code)	
Philadelphia	PA	19103	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

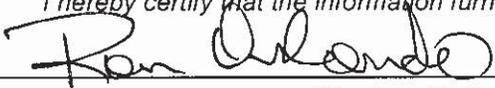
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Comcast Cable Communications, LLC			215-286-8036
MAILING ADDRESS (Street)			FAX 215-286-7712
1701 JFK Blvd., 49th Fl			EMAIL dominick_ciaraldi@comcast.com
(City)	(State)	(Zip Code)	
Philadelphia	PA	19103	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Ron Orlando			215-286-4517
MAILING ADDRESS (Street)			FAX 215-286-7712
1701 JFK Blvd., 49th Fl			EMAIL ron_orlando@comcast.com
(City)	(State)	(Zip Code)	
Philadelphia	PA	19103	

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 type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input checked="" 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 checked="" 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)

11/29/15

(Date)

PART V AUTHORIZATION TO LOBBY

NAME **TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED**

Douglas Gaston

Senior Vice President

NAME OF ORGANIZATION (if applicable)

Comcast Cable Communications, LLC

TELEPHONE

(215) 286-8036

MAILING ADDRESS (Street)

1701 JFK Blvd.; Office 49.105

FAX (215) 286-7712

EMAIL

dominick_ciaraldi@comcast.com

(City)

Philadelphia

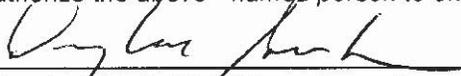
(State)

PA

(Zip Code)

19103

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



(Signature of Authorizing Officer or Person Represented)

11/29/15

(Date)