



HAWAII STATE ETHICS COMMISSION
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STATE OF HAWAII
 STATE ETHICS COMMISSION

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LOBBYIST REGISTRATION FORM

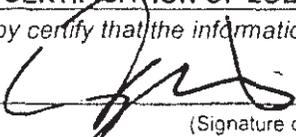
(Type or Print Clearly)

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@gmail.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
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(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Service Contract Industry Council			(850) 425-4000
MAILING ADDRESS (Street)			FAX (850) 425-4001
PO Box 11247			EMAIL Stephen@meenanlawfirm.com
(City)	(State)	(Zip Code)	
Tallahassee	FL	32302	
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
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

REC'D BY email

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 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)	4/22/15 _____ (Date)

PART V AUTHORIZATION TO LOBBY	
NAME Stephen K. McDaniel	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Assistant Executive Director
NAME OF ORGANIZATION (if applicable) Service Contract Industry Council	TELEPHONE (850) 425-4000
MAILING ADDRESS (Street) PO Box 11247	FAX (850) 425-4001
(City) Tallahassee	(State) FL
(Zip Code) 32302	EMAIL Stephen@meenanlawfirm.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)	April 22, 2015 _____ (Date)