

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

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STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST	(1)000	r Fillit Clearly)	
NAME (Last)	(First)	(Middle)	TELEPHONE
Radcliffe	John	Henry	(808) 531-4551
MAILING ADDRESS (Street)	FAX (808) 533-4601		
222 South Vineyard Stre	EMAIL jhr@808cch.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 F	(808) 531-4551		
MAILING ADDRESS (Street)	FAX (808) 533-4601		
222 South Vineyard Stre	EMAIL jhr@808cch.com		
(City)	(State)		(Zip Code)
Honolulu	HI		96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU	TELEPHONE (202) 903-2334 FAX (202) 223-2401 EMAIL kstrobel@theesa.com	
Entertainment Software A		
MAILING ADDRESS (Street)		
575 7th Street, NW, Suite 300		
(City)	(State)	(Zip Code)
Washington	DC	20004
NAME OF PERSON RESPONSIBLE F	TELEPHONE	
Melody Butay Dacanay	(808) 531-4551	
MAILING ADDRESS (Street)	FAX (808) 533-4601	
222 South Vineyard Stree	EMAIL mbutay@aol.com	
(City)	(State)	(Zip Code)
Honolulu	HI	96813

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
☐ Agriculture	Education	☐ Human Services	Science, Technology & Economic Development			
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation			
Consumer Protection & Commerce	Hawaiian Affairs	☐ Labor & Employment	Transportation			
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & WaterUse Management	Other: (indicate below)			
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections				
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PART IV CERTIFICATIO	N OF LOBBYIST					
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.						
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	(Signature of Lobby 1st)		(Date)			
PART V AUTHORIZATION	NI TO LODBY					
PART V AUTHORIZATION	ON TO LOBBT	TITLE OF AUTHORIZING OFFICE	R OR PERSON REPRESENTED			
	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED					
Kristin Strobel	Director, State Government Affairs					
NAME OF ORGANIZATION (if applicable)			relephone			
Entertainment Software Association (2			202) 903-2334			
MAILING ADDRESS (Street)			FAX (202) 223-2401			
575 7th Street, NW, Suite 300			EMAIL strobel@theesa.com			
(City)	(State)		(Zip Code)			
Washington	DC		20004			
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.						
Kristur Stold anuary 21, 2015						
(Signature of Authorizing Officer or Person Represented) (Date)						