



HAWAII STATE ETHICS COMMISSION

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STATE OF HAWAII
STATE ETHICS COMMISSION

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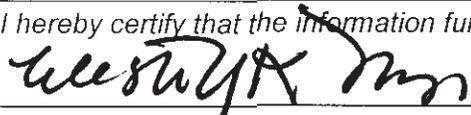
LOBBYIST REGISTRATION FORM

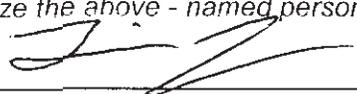
(Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) Nip	(First) Celeste	(Middle)
TELEPHONE (808) 531-4551		
MAILING ADDRESS (Street) 222 South Vineyard Street, Suite 401		FAX (808) 533-4601
EMAIL nipfire@hawaii.rr.com		
(City) Honolulu	(State) HI	(Zip Code) 96813-2453
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) Capitol Consultants of Hawaii, LLP.		TELEPHONE (808) 531-4551
MAILING ADDRESS (Street) 222 South Vineyard Street, Suite 401		FAX (808) 533-4601
EMAIL nipfire@hawaii.rr.com		
(City) Honolulu	(State) HI	(Zip Code) 96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Entertainment Software Association		TELEPHONE (202) 903-2318
MAILING ADDRESS (Street) 575 7th Street, NW, Suite 300		FAX (202) 223-4664
EMAIL tjohnson@theesa.com		
(City) Washington	(State) DC	(Zip Code) 20004
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Melody Butay Dacanay		TELEPHONE (808) 531-4551
MAILING ADDRESS (Street) 222 South Vineyard Street, Suite 401		FAX (808) 533-4601
EMAIL mbutay@aol.com		
(City) Honolulu	(State) HI	(Zip Code) 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 type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input 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>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
	<u>7/19/14</u>
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Timothy M. Johnson	Associate Director, State Government Affairs	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
Entertainment Software Association	(202) 903-2318	
MAILING ADDRESS (Street)	FAX	EMAIL
575 7th Street, NW, Suite 300	(202) 224-4664	tjohnson@theesa.com
(City)	(State)	(Zip Code)
Washington	DC	20004
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
	<u>7/1/14</u>	
(Signature of Authorizing Officer or Person Represented)	(Date)	