



**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](mailto:ethics@hawaiiethics.org)  
 Web site: [www.hawaii.gov/ethics](http://www.hawaii.gov/ethics)

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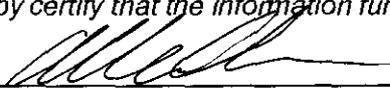
NOTE: This is a public document.

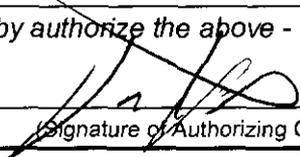
**LOBBYIST REGISTRATION FORM** STATE OF HAWAII  
 (Type or Print Clearly) STATE ETHICS COMMISSION

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Chew	Allen		202-383-6340
MAILING ADDRESS (Street)			FAX 202-639-0302
901 F Street, NW, Suite 600			EMAIL achew@directv.com
(City)	(State)	(Zip Code)	
Washington	DC	20004	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
N/A			
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
DirecTV			518-591-4639
MAILING ADDRESS (Street)			FAX
90 State Street, Suite 700			EMAIL djstewart@directv.com
(City)	(State)	(Zip Code)	
Albany	NY	12207	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Carrie Castro			703-684-1110
MAILING ADDRESS (Street)			FAX 703-684-7912
MultiState Associates Inc., 515 King Street, Suite 300			EMAIL ccastro@multistate.com
(City)	(State)	(Zip Code)	
Alexandria	VA	22314	

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 checked="" 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 checked="" 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>12/18/12</u>
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Damon Stewart	VP, State Government Affairs	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
DirecTV	518-591-4639	
MAILING ADDRESS (Street)	FAX	
90 State Street, Suite 700		
(City)	(State)	(Zip Code)
Albany	NY	12207
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
	<u>12/20/12</u>	
(Signature of Authorizing Officer or Person Represented)	(Date)	