



HAWAII STATE ETHICS COMMISSION
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STATE OF HAWAII
 STATE ETHICS COMMISSION

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LOBBYIST REGISTRATION FORM

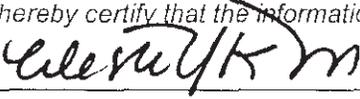
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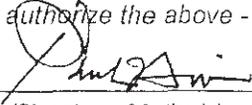
PART I LOBBYIST			
NAME (Last) Nip	(First) Celeste	(Middle) Y.K.	TELEPHONE (808) 531-4551
MAILING ADDRESS (Street) 222 South Vineyard Street, Suite 401			FAX (808) 533-4601
(City) Honolulu			(State) HI
(Zip Code) 96813-2453			EMAIL nipfire@gmail.com
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) Capitol Consultants of Hawaii, LLP.			TELEPHONE (808) 531-4551
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PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Deloitte LLP			TELEPHONE (808) 543-0700
MAILING ADDRESS (Street) 999 Bishop Street, Suite 2700			FAX (866) 791-7075
(City) Honolulu			(State) HI
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MAILING ADDRESS (Street) 555 12th Street, NW, Suite 400			FAX (202) 661-1530
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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 checked="" 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>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
	<u>10/20/15</u>
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Paul Higo	Office Managing Partner	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
Deloitte LLP	808-543-0700	
MAILING ADDRESS (Street)	FAX 866-791-7075	
999 Bishop Street, Suite 2700	EMAIL phigo@deloitte.com	
(City)	(State)	(Zip Code)
Honolulu	HI	96813-2870
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
	<u>10/19/15</u>	
(Signature of Authorizing Officer or Person Represented)	(Date)	