



## 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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STATE OF HAWAII  
STATE ETHICS COMMISSION

NOTE: This is a public document.

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Nip	Celeste	Y.K.	808-282-1415
MAILING ADDRESS (Street)			FAX
94-108 Anania Drive, #239			EMAIL
			nipfire@me.com
(City)	(State)	(Zip Code)	
Mililani	Hawaii	96789	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Fire Fighters Association			808-949-1566
MAILING ADDRESS (Street)			FAX 808-952-6003
1018 Palm Drive			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96814	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Robert H. Lee			808-949-1566
MAILING ADDRESS (Street)			FAX 808-952-6003
1018 Palm Drive			EMAIL
			robertlee@hawaiifirefighters.org
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96814	

**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 checked="" type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operation & Finance	<input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input checked="" type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" 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 checked="" 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.*

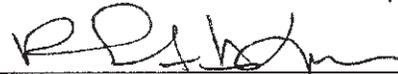
 1-23-15

(Signature of Lobbyist) (Date)

**PART V AUTHORIZATION TO LOBBY**

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Robert H. Lee		President	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Hawaii Fire Fighters Association		808-949-1566	
MAILING ADDRESS (Street)		FAX 808-952-6003	
1018 Palm Drive		EMAIL	
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96814	

*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*

 1/22/2015

(Signature of Authorizing Officer or Person Represented) (Date)