



**HONOLULU ETHICS COMMISSION**  
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HONOLULU  
 ETHICS COMMISSION  
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**2019 ANNUAL REPORT**

Lobbyist Annual Report  
 (January 1 – December 31, 2019)  
 (Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last) (First) (Middle) Nip, Celeste			
LOBBYIST FIRM/EMPLOYER (if applicable) Capitol Consultants of Hawaii, LLP		TELEPHONE (808) 531-4551	
MAILING ADDRESS (No. and Street or P.O. Box) 222 South Vineyard Street, Suite 401		FAX (808) 531-4551	
		EMAIL Celeste.Nip@808cch.com	
(City) Honolulu	(State) HI	(Zip Code) 96813	

<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) AT&T		TELEPHONE (425) 580-5836	
MAILING ADDRESS (No. and Street or P.O. Box) PO Box 97061		FAX (425) 580-8652	
		EMAIL rb3794@att.com	
(City) Redmond	(State) WA	(Zip Code) 98073-9761	

<b>PART III EXPENDITURES, BY TYPE</b>			
Political Contributions	Amount	Receptions, Meals, Food & Beverages	Amount
Preparation & Distribution of Lobbying Materials	Amount	Media Advertising	Amount
Entertainment & Events	Amount	Other <input type="checkbox"/> Additional Sheet(s) Attached	
		TOTAL -NA-	

**PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING**

Fees	Amount
Compensation	Amount \$0.00
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a

**PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED**

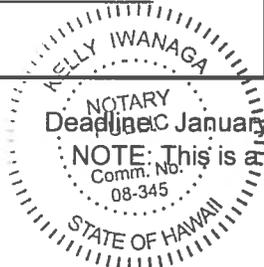
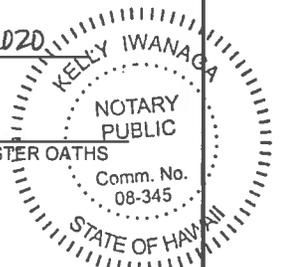
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

**PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2019), passed)**

1.	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

**PART VII LOBBYIST CERTIFICATION**

<p>I hereby certify that the foregoing statements are true and correct.</p> <p><i>Kelly Iwanaga</i></p> <p>LOBBYIST SIGNATURE</p> <p>1/29/2020</p> <p>DATE</p>	<p>Subscribed and sworn to before me</p> <p>This <u>26</u> day of <u>January</u>, <u>2020</u></p> <p>By: <i>Kelly Iwanaga</i></p> <p>NOTARY OF ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>AUG 24 2020</u></p>
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Doc. Date: JAN 25 2020 No. Pages: 2

Kelly Iwanaga FIRST  
Notary Printed Name Jud. Circuit

Deadline: January 10<sup>th</sup> of Each Year

NOTE: This is a public document