



HAWAII STATE ETHICS COMMISSION

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

STATE OF HAWAII
STATE ETHICS COMMISSION

PART I LOBBYIST			
NAME (Last) Takaaze	(First) Melissa	(Middle) K.	TELEPHONE 808-265-5312
MAILING ADDRESS (Street) P.O. Box 38196			FAX
(City) Honolulu			(State) HI
			(Zip Code) 96837
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) MK Pacific Consulting, LLC			TELEPHONE 808-265-5312
MAILING ADDRESS (Street) P.O. Box 38196			FAX
(City) Honolulu			(State) HI
			(Zip Code) 96837

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) JOCOR Enterprises LLC			TELEPHONE
MAILING ADDRESS (Street) 197 Sand Island Access Road, #213			FAX
(City) Honolulu			(State) HI
			(Zip Code) 96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Melissa Takaaze			TELEPHONE 808-265-5312
MAILING ADDRESS (Street) P.O. Box 38196			FAX
(City) Honolulu			(State) HI
			(Zip Code) 96837

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 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 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 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.

Melissa K. Jakaay
(Signature of Lobbyist)

02/08/13
(Date)

PART V AUTHORIZATION TO LOBBY

NAME Cory N. Smith		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President	
NAME OF ORGANIZATION (if applicable) JOCOR Enterprises LLC		TELEPHONE 808-351-7177	
MAILING ADDRESS (Street) 197 Sand Island Access Road, #213		FAX	
		EMAIL cory@volcanoecigs.com	
(City) Honolulu	(State) HI	(Zip Code) 96813	

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

Cory N. Smith
(Signature of Authorizing Officer or Person Represented)

2/11/13
(Date)