

**HAWAII STATE ETHICS COMMISSION**

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 Web site: 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) Coppa	(First) Bruce	(Middle) 	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
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
MAILING ADDRESS (Street) 222 South Vineyard Street, Suite 401			FAX (808) 533-4601
(City) Honolulu		(State) HI	(Zip Code) 96813

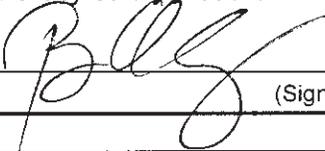
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) KPMG		TELEPHONE (808) 540-2863
MAILING ADDRESS (Street) 1003 Bishop Street, Pauahi Tower, Suite 2100		FAX
(City) Honolulu		(State) HI
		(Zip Code) 96813-2863
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Fain McDaniel		TELEPHONE (808) 540-2863
MAILING ADDRESS (Street) 1003 Bishop Street, Pauahi Tower, Suite 2100		FAX
(City) Honolulu		(State) HI
		(Zip Code) 96813-3421

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 hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

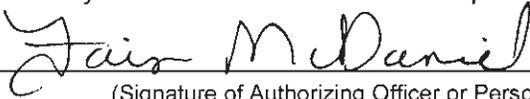
1/20/15

(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Fain McDaniel		Partner, Audit	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
KPMG		808-540-2863	
MAILING ADDRESS (Street)		FAX	
1003 Bishop Street, Pauahi Tower, Suite 2100		EMAIL	
(City)		fmcDaniel@kpmg.com	
(State)		(Zip Code)	
Honolulu		96813-3421	

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



(Signature of Authorizing Officer or Person Represented)

1-16-15

(Date)