HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, HONOLULU, HAWAII 96813
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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) 524-4459
MAILING ADDRESS (Street) 222 South Vineyard Street, Suite 401			FAX (808) 599-4340 EMAIL brucopp@gmail.com
(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) Radcliffe & Associates, LLC			TELEPHONE (808) 524-4459
MAILING ADDRESS (Street) 222 South Vineyard Street, Suite 401			FAX (808) 599-4340 EMAIL brucopp@gmail.com
(City) Honolulu	(State) HI		(Zip Code) 96813

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Motion Picture Association of America		TELEPHONE (202) 293-1966
MAILING ADDRESS (Street) 1600 Eye Street, NW		FAX (202) 293-1299 EMAIL Vans_Stevenson@mpaa.org
(City) Washington	(State) DC	(Zip Code) 20006
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Melody Butay Dacanay		TELEPHONE (808) 531-4551
MAILING ADDRESS (Street) 222 South Vineyard Street, Suite 401		FAX (808) 533-4601 EMAIL mbutay@aol.com
(City) Honolulu	(State) HI	(Zip Code) 96813

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

☐ Agriculture	☐ Education	☐ Human Services	☐ Science, Technology & Economic Development
☐ Communications & Public Utilities	☐ Government Operation & Finance	☐ Intergovernmental Relations, International Affairs	☐ Tourism & Recreation
☐ Consumer Protection & Commerce	☐ Hawaiian Affairs	☐ Labor & Employment	☐ Transportation
☑ Culture, Arts, Historic Preservation	☐ Health	☐ Planning, Land & Water Use Management	☐ Other: (indicate below)
☐ Ecology, Energy Environmental Protection	☐ Housing	☐ 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) 1/16/15 (Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Vans Stevenson	Senior Vice President

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Motion Picture Association of America	(202) 293-1966
MAILING ADDRESS (Street)	FAX (202) 293-1299
1600 Eye Street, NW	EMAIL Vans_Stevenson@mpaa.org

(City)	(State)	(Zip Code)
Washington	DC	20006

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

(Signature of Authorizing Officer or Person Represented) 1/14/2015 (Date)