



## HAWAII STATE ETHICS COMMISSION

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STATE OF HAWAII  
STATE ETHICS COMMISSION

NOTE: This is a public document.

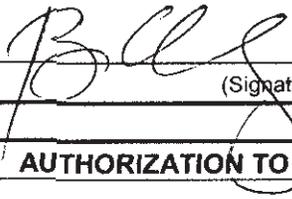
## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

| PART I LOBBYIST   |         |            |                            |
|---|---------|------------|----------------------------|
| NAME (Last)   | (First) | (Middle)   | TELEPHONE                  |
| Coppa   | Bruce   |            | (808) 531-4551             |
| MAILING ADDRESS (Street)  |         |            | FAX (808) 533-4601         |
| 222 South Vineyard Street, Suite 401  |         |            | EMAIL<br>brucopp@gmail.com |
| (City)  | (State) | (Zip Code) |                            |
| Honolulu  | HI      | 96813-2453 |                            |
| EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) |         |            | TELEPHONE                  |
| Capitol Consultants of Hawaii, LLP.   |         |            | (808) 531-4551             |
| MAILING ADDRESS (Street)  |         |            | FAX (808) 533-4601         |
| 222 South Vineyard Street, Suite 401  |         |            | EMAIL<br>brucopp@gmail.com |
| (City)  | (State) | (Zip Code) |                            |
| Honolulu  | HI      | 96813-2453 |                            |

| PART II ORGANIZATION   |         |            |   |
|--|---------|------------|---|
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)                         |         |            | TELEPHONE                               |
| JOCOR Enterprise, LLC  |         |            | (808) 351-7177                          |
| MAILING ADDRESS (Street)   |         |            | FAX                                     |
| 197 Sand Island Access Rd., #209   |         |            | EMAIL<br>cory@volcanoecigs.com          |
| (City)   | (State) | (Zip Code) |   |
| Honolulu   | HI      | 96819      |   |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT |         |            | TELEPHONE                               |
| Melody Butay Dacanay   |         |            | (808) 531-4551                          |
| MAILING ADDRESS (Street)   |         |            | FAX                                     |
| 222 South Vineyard Street, Suite 401   |         |            | EMAIL<br>melody.butay.dacanay@gmail.com |
| (City)   | (State) | (Zip Code) |   |
| Honolulu   | HI      | 96813-2453 |   |

| 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>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i> |               |
|                                    | <u>2/2/15</u> |
| (Signature of Lobbyist)   | (Date)        |

| PART V AUTHORIZATION TO LOBBY   |  |            |
|---|--|------------|
| NAME  | TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED |            |
| Cory N. Smith   | President  |            |
| NAME OF ORGANIZATION (if applicable)  | TELEPHONE  |            |
| JOCOR Enterprise, LLC   | (808) 351-7177                                     |            |
| MAILING ADDRESS (Street)  | FAX  |            |
| 197 Sand Island Access Road, #213   |  |            |
| (City)  | (State)  | (Zip Code) |
| Honolulu  | HI   | 96813      |
| <i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i> |  |            |
|                                | <u>1/23/15</u>                                     |            |
| (Signature of Authorizing Officer or Person Represented)  | (Date)   |            |