



HAWAII STATE ETHICS COMMISSION
 1001 BISHOP STREET, HONOLULU, HAWAII 96813
 or P.O. BOX 616, HONOLULU, HAWAII 96809
 TEL: (808) 587-0460 FAX: (808) 587-0470
 email: ethics@hawaiiethics.org
 Web site: www.hawaii.gov/ethics

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STATE OF HAWAII
 STATE ETHICS COMMISSION

NOTE: This is a public document.

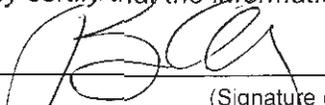
LOBBYIST REGISTRATION FORM

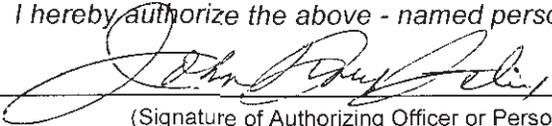
(Type or Print Clearly)

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

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Management Alliance Association		TELEPHONE (808) 591-0088
MAILING ADDRESS (Street) 733 Bishop Street, Suite 1800		FAX (808) 591-0463
(City) Honolulu		(State) HI
(Zip Code) 96813		EMAIL eagle001@hawaii.rr.com
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
(City) Honolulu		(State) HI
(Zip Code) 96813		EMAIL mbutay@aol.com

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 checked="" type="checkbox"/> Government Operation & Finance	<input checked="" 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>	
	2/27/15
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
John Henry Felix	Executive Chairman & Chief Operating Officer	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
Hawaii Management Alliance Association	(808) 591-0088	
MAILING ADDRESS (Street)	FAX (808) 791-7688	
733 Bishop Street, Suite 1800	EMAIL eagle001@hawaii.rr.com	
(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>		
	2/16/15	
(Signature of Authorizing Officer or Person Represented)	(Date)	