

**HAWAII STATE ETHICS COMMISSION**

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 TEL: (808) 587-0460 FAX: (808) 587-0470
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 Web site: www.hawaii.gov/ethics

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 STATE ETHICS COMMISSION

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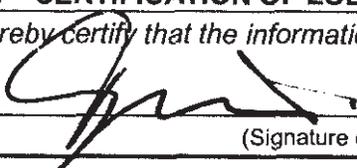
LOBBYIST REGISTRATION FORM

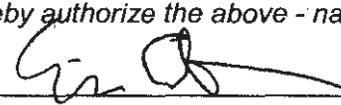
(Type or Print Clearly)

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
			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) Capitol Consultants of Hawaii, LLP.			TELEPHONE (808) 531-4551
MAILING ADDRESS (Street) 222 South Vineyard Street, Suite 401			FAX (808) 533-4601
			EMAIL brucopp@gmail.com
(City) Honolulu	(State) HI	(Zip Code) 96813	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Poet LLC			TELEPHONE
MAILING ADDRESS (Street) 900 7th Street NW, Suite 820			FAX
			EMAIL
(City) Washington	(State) DC	(Zip Code) 20001	
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
(City) Honolulu	(State) HI	(Zip Code) 96813	

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 type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input checked="" 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.	
	3/23/15
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Eric Ebenstein	State Government Affairs Executive	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
Poet LLC	571-215-1679	
MAILING ADDRESS (Street)	FAX	
900 7th Street NW, Suite 820	N/A	
(City)	EMAIL	
Washington	eric.ebenstein@poet.com	
(State)	(Zip Code)	
DC	20001	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.		
	3/13/15	
(Signature of Authorizing Officer or Person Represented)	(Date)	