



**FORM  
ORG**  
(Rev. 5/2012)



**HAWAII STATE ETHICS COMMISSION  
ORGANIZATION'S EXPENDITURES AND CONTRIBUTIONS REPORT**

13 APR 17 P4:13

REPORT YEAR: 2013  Amended Statement

For Lobbying Reporting Period:  January 1 - last day of February  March 1 - April 30  May  June  July  August  September  October  November  December

STATE OF HAWAII  
STATE ETHICS COMMISSION

**ORGANIZATION INFORMATION**

JOCOR Enterprises, LLC  
Organization Name  
197 Sand Island Access Rd. #213

Cory Smith  
Contact Person

Mailing Address (Number and Street or P.O. Box)

Honolulu  
City

HI  
State

96819  
Zip Code

cory@volcanoecigs.com

Telephone Extension Email Address

**PART I. TOTAL EXPENDITURES**

		<b>Total Amount</b>
1	Preparation & Distribution of Lobbying Materials	1 _____
2	Media Advertising	2 _____
3	Postage	3 _____
4	Compensation Paid to Lobbyists <b>(Attached Additional Sheets As Needed)</b> <i>List the names of all lobbyists and compensation paid to lobbyists during the statement period</i>	
	Lobbyist Name	Compensation Paid
A.	<u>Melissa Takaaze</u>	A. <u>4,188.48</u>
B.	_____	B. _____
C.	_____	C. _____
D.	_____	D. _____
E.	_____	E. _____
F.	_____	F. _____
G.	Total from Additional Attached Sheet(s)	G. _____
	Add lines A through G	Total Compensation Paid ► <u>4,188.48</u>
5	Fees Paid to Consultants (other than to Lobbyists)	5 _____
6	Entertainment & Events	6 _____
7	Receptions, Meals, Food & Beverages	7 _____
8	Gifts	8 _____
9	Loans	9 _____
10	Other Disbursements	10 _____
	Add lines 1 through 10	Total Expenditures ► <u>4,188.48</u>

**EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY**

List all expenditures incurred for the purpose of lobbying of \$25 or more per person per day during the statement period.

Name & Address	Amount or Value

Check here if additional sheets are attached

**AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON**

List all expenditures incurred for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

Name & Address	Amount or Value

Check here if additional sheets are attached

**PART II. CONTRIBUTIONS RECEIVED**

List all contributions received for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

Name & Address	Amount or Value

Check here if additional sheets are attached

**PART III. SUBJECT AREAS OF LOBBYING**

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- |  |   |   |   |
|--|---|---|---|
| <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                        | _____   |

I hereby certify that the statements made above are correct and complete to the best of my knowledge

  
Signature  Authorized Person

Cory Smith  
Print Name

4/10/13  
Date

President/Owner  
Title