



**HAWAII STATE ETHICS COMMISSION  
REGISTERED LOBBYIST'S EXPENDITURES  
AND CONTRIBUTIONS REPORT**

**FORM LOB**

HAWAII STATE ETHICS COMMISSION  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

For lobbying reporting period:	Lobbyist	<u>Nate Miles</u>	Phone	<u>206-409-8032</u>
<input checked="" type="checkbox"/> January 1 - last day of February	Organization	<u>Lilly USA' LLC</u>		
<input type="checkbox"/> March 1 - April 30	Mailing Address	<u>6411 University Street, Suite 1200</u>		
<input type="checkbox"/> May 1 - December 31		<u>Seattle, WA 98101</u>		
Year of Report 20 <u>13</u>				

**PART I. TOTAL EXPENDITURES**

Note: Expenditures for which the lobbyist is reimbursed by an organization or expenditures which are paid for by an organization are reported on the organization's expenditures statement. See instructions for further explanation.

The total sum or value of all expenditures for the purpose of lobbying made by the lobbyist during the statement period was:

\$           \$0.00

ORGANIZATION'S NAMES (as they appear on lobbyist registration form)

- No. 1 Lilly USA' LLC
- No. 2 \_\_\_\_\_
- No. 3 \_\_\_\_\_
- No. 4 \_\_\_\_\_
- No. 5 \_\_\_\_\_
- No. 6 \_\_\_\_\_

**EXPENDITURES MADE BY LOBBYIST FOR EACH ORGANIZATION**

Category	Organization 1	Organization 2	Organization 3	Organization 4	Organization 5	Organization 6
1. Preparation & Distribution	\$0.00					
2. Media Advertising	\$0.00					
3. Telecommunications	\$0.00					
4. Postage	\$0.00					
5. Fees Paid by Lobbyist	\$0.00					
6. Entertainment & Events	\$0.00					
7. Food & Beverages	\$0.00					
8. Gifts	\$0.00					
9. Loans	\$0.00					
10. Other Disbursements	\$0.00					
<b>TOTAL EXPENDITURES</b>	<b>\$0.00</b>					

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

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

- This section is not applicable
- Expenditures incurred in the total sum of \$25 or more per person per day were made for the following persons:

Name & Address	Amount or value

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

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

- This section is not applicable
- Expenditures incurred in the aggregate of \$150 or more per person were made for the following persons:

Name & Address	Amount or value

**PART II. CONTRIBUTIONS RECEIVED**

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

- This section is not applicable
- Contributions received in the total sum of \$25 or more per person were received from the following persons:

Name & Address	Amount or value

**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 checked="" 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 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 checked="" type="checkbox"/> Other: (indicate below)         |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing                        | <input type="checkbox"/> Public Safety & Corrections                        | <u>Pharmaceuticals</u>  |

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

(Signature of authorized person)

4/15/13

(Date)

Name of authorized person (type or print) Nate Miles

Title of authorized person Director, State Government Affairs