



**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](mailto:ethics@hawaiiethics.org)  
 Web site: [www.hawaii.gov/ethics](http://www.hawaii.gov/ethics)

THIS SPACE FOR OFFICE USE ONLY

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NOTE: This is a public document.

**LOBBYIST REGISTRATION FORM** OF HAWAII  
 STATE ETHICS COMMISSION  
 (Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Murakami	Linda		303-388-6539
MAILING ADDRESS (Street)			FAX
201 Krameria Street			EMAIL
			<a href="mailto:linda.sikkema@astrazeneca.com">linda.sikkema@astrazeneca.com</a>
(City)	(State)	(Zip Code)	
Denver	Colorado	80220	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
AstraZeneca Pharmaceuticals, LP			302- <del>885</del> -1110 856-3000 gh
MAILING ADDRESS (Street)			FAX 302-885-5015 gh
1800 Concord Pike			EMAIL
			<a href="mailto:jacqueline.kirby@astrazeneca.com">jacqueline.kirby@astrazeneca.com</a>
(City)	(State)	(Zip Code)	
Wilmington	Delaware	19850	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Carrie Castro			703-684-1110
MAILING ADDRESS (Street)			FAX 703-684-7912
MultiState Associates Inc., 515 King Street, Suite 300			EMAIL
			<a href="mailto:ccastro@multistate.com">ccastro@multistate.com</a>
(City)	(State)	(Zip Code)	
Alexandria	Virginia	22314	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<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 checked="" 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 checked="" 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 checked="" 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>Anda Murallemu</u>	<u>1/3/13</u>
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Jacqueline Kirby	Vice President, Government Affairs	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
AstraZeneca Pharmaceuticals, LP	303-885-2319	
MAILING ADDRESS (Street)	FAX	
1800 Concord Pike	302-885-5015	
	EMAIL	
	jacqueline.kirby@astrazeneca.com	
(City)	(State)	(Zip Code)
Wilmington	Delaware	19850
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
<u>Jacqueline Kirby</u>		<u>1/2/13</u>
(Signature of Authorizing Officer or Person Represented)		(Date)