



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

THIS SPACE FOR OFFICE USE ONLY

13 JAN 14 A11 :50

NOTE: This is a public document.

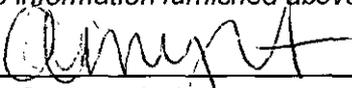
LOBBYIST REGISTRATION FORM STATE OF HAWAII STATE ETHICS COMMISSION
(Type or Print Clearly)

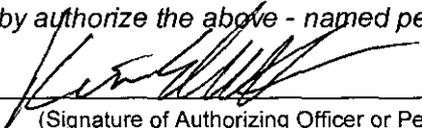
PART I LOBBYIST		
NAME (Last) Hamerton	(First) Amy	(Middle)
TELEPHONE 916-747-9525		
MAILING ADDRESS (Street) 1301 I Street		FAX 916-986-9721
		EMAIL hamertona@medimmune.com
(City) Sacramento	(State) CA	(Zip Code) 95814
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) N/A		TELEPHONE
MAILING ADDRESS (Street)		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) MedImmune, Inc.		TELEPHONE 803-996-9176
MAILING ADDRESS (Street) 271 Yachting Road		FAX 803-356-1540
		EMAIL elliottk@medimmune.com
(City) Lexington	(State) SC	(Zip Code) 29072
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Carrie Castro		TELEPHONE 703-684-111
MAILING ADDRESS (Street) MultiState Associates Inc., 515 King Street, Suite 300		FAX 703-684-7912
		EMAIL ccastro@multistate.com
(City) Alexandria	(State) VA	(Zip Code) 22314

FEDEX
RECEIVED BY U.S. MAIL

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 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>	
 _____ (Signature of Lobbyist)	<u>1-10-2013</u> _____ (Date)

PART V AUTHORIZATION TO LOBBY			
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Kinn Elliott		Director, Government Affairs	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
MedImmune, Inc.		803-996-9176	
MAILING ADDRESS (Street)		FAX	
271 Yachting Road		803-356-1540	
		EMAIL	
		elliottk@medimmune.com	
(City)	(State)	(Zip Code)	
Lexington	SC	29072	
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>			
 _____ (Signature of Authorizing Officer or Person Represented)		<u>12/22/12</u> _____ (Date)	