Amendment eff 7/1/15

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

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STATE OF HAWAII
STATE ETHICS COMMISSION

NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME (Last) Klump	(First) Amanda	(Middle) J	TELEPHONE 916-583-9300
MAILING ADDRESS (Street) 1415 L Street, Suite 1150			FAX 916-583-9331 EMAIL Amanda.Klump@Altria.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) N/A			FAX EMAIL
(City) N/A	(State)		(Zip Code)

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Altria Client Services LLC and its Affiliates--Philip Morris USA Inc., John Middleton Co., U.S. Smokeless Tobacco Co., and Nu Mark LLC		TELEPHONE 916-583-9300
MAILING ADDRESS (Street) 1415 L Street, Suite 1150		FAX 916-583-9331 EMAIL Amanda.Klump@Altria.com
(City) Sacramento	(State) CA	(Zip Code) 95814
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Amanda Klump		TELEPHONE 916-583-9300
MAILING ADDRESS (Street) 1415 L Street, Suite 1150		FAX 916-583-9331 EMAIL Amanda.Klump@Altria.com
(City) Sacramento	(State) CA	(Zip Code) 95814

REC'D BY email

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY:

☐ Agriculture	☐ Education	☐ Human Services	☐ Science, Technology & Economic Development
☐ Communications & Public Utilities	☒ Government Operation & Finance	☒ Intergovernmental Relations, International Affairs	☒ Tourism & Recreation
☒ Consumer Protection & Commerce	☐ Hawaiian Affairs	☒ Labor & Employment	☐ Transportation
☐ Culture, Arts, Historic Preservation	☒ Health	☐ Planning, Land & Water Use Management	☒ Other. (indicate below) Tobacco
☐ Ecology, Energy Environmental Protection	☐ Housing	☐ 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.

(Signature of Lobbyist) — (Date) 6/18/15

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Dan Smith	Regional Director, State Government Affairs

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Altria Client Services LLC and its Affiliates--Philip Morris USA Inc., John Middleton Co., U.S. Smokeless Tobacco Co., and Nu Mark LLC	916-583-9300
MAILING ADDRESS (Street) 1415 L Street, Suite 1150	FAX 916-583-9331
	EMAIL dan.smith@altria.com

(City)	(State)	(Zip Code)
Sacramento	CA	95814

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented) — (Date) 6-19-2015