

**HAWAII STATE ETHICS COMMISSION**

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 TEL: (808) 587-0460 FAX: (808) 587-0470
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STATE OF HAWAII
STATE ETHICS COMMISSION

NOTE: This is a public document.

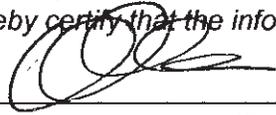
LOBBYIST REGISTRATION FORM

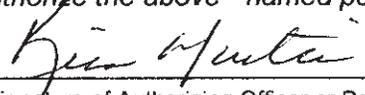
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Goo	William	L.	(808) 521-2661
MAILING ADDRESS (Street)			FAX (808) 521-2663
1188 Bishop Street, Suite 1805			EMAIL wgoo@lava.net
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Suzuki & Goo, Attorneys			(808) 521-2661
MAILING ADDRESS (Street)			FAX (808) 521-2663
1188 Bishop Street, Suite 1805			EMAIL sgattys@lava.net
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Pharmaceutical Research and Manufacturers of America			(202) 835-3400
MAILING ADDRESS (Street)			FAX (202) 835-3414
950 F Street, NW, Suite 300			EMAIL
(City)	(State)	(Zip Code)	
Washington, DC		20004	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Kim Martin			(360) 705-1276
MAILING ADDRESS (Street)			FAX
3140 Maringo Road, SE			EMAIL KMartin@phrma.org
(City)	(State)	(Zip Code)	
Olympia	WA	98501	

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 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 checked="" type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	<u>Pharmaceutical drugs & related matters</u>

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>	
	1/23/15
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Kim Martin	Senior Regional Director	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
Pharmaceutical Research and Manufacturers of America	(360) 705-1276	
MAILING ADDRESS (Street)	FAX	
3140 Maringo Road, SE		
(City)	(State)	(Zip Code)
Olympia	WA	98501
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
	1.23.2015	
(Signature of Authorizing Officer or Person Represented)	(Date)	