



**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)

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STATE OF HAWAII  
STATE ETHICS COMMISSION

NOTE: This is a public document.

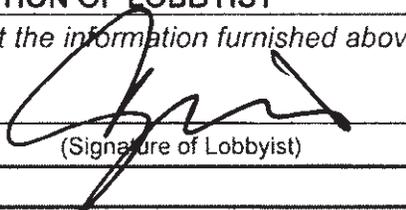
**LOBBYIST REGISTRATION FORM**

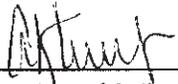
(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
Morris	George "Red"	Arthur	(808) 531-4551
MAILING ADDRESS (Street)			FAX (808) 533-4601
222 South Vineyard Street, Suite 401			EMAIL gamorrisinc@gmail.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96813-2453	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
G.A. Morris, Inc.			(808) 531-4551
MAILING ADDRESS (Street)			FAX (808) 533-4601
222 South Vineyard Street, Suite 401			EMAIL gamorrisinc@gmail.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Altria Client Services Inc. and its Affiliates—Philip Morris USA Inc., John Middleton Co., and U.S. Smokeless Tobacco Co., and Nu Mark LLC.			(916) 583-9300
MAILING ADDRESS (Street)			FAX (916) 583-9330
1415 L Street, Suite 1150			EMAIL Amanda.Klump@ALTRIA.COM
(City)	(State)	(Zip Code)	
Sacramento	CA	95814	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Amanda Klump			(916) 583-9300
MAILING ADDRESS (Street)			FAX (916) 583-9330
1415 L Street, Suite 1150			EMAIL Amanda.Klump@ALTRIA.COM
(City)	(State)	(Zip Code)	
Sacramento	CA	95814	

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 checked="" type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operation & Finance	<input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs	<input checked="" type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input checked="" 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) <u>Tobacco</u>
<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>1/28/15</u> _____ (Date)

PART V AUTHORIZATION TO LOBBY		
NAME Amanda Klump	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED District Director, State Government Affairs	
NAME OF ORGANIZATION (if applicable) Altria Client Services Inc. and its Affiliates—Philip Morris USA Inc., John Middleton Co., and U.S. Smokeless Tobacco Co., and Nu Mark LLC.	TELEPHONE (916) 583-9300	
MAILING ADDRESS (Street) 1415 L Street, Suite 1150	FAX (916) 583-9330	
	EMAIL Amanda.Klump@ALTRIA.COM	
(City) Sacramento	(State) CA	(Zip Code) 95814
<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>1/20/15</u> _____ (Date)