



HAWAII STATE ETHICS COMMISSION
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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	
Alvarez-Sahagun, Patricia	(213)598-8795	
MAILING ADDRESS (Street)	FAX	
1800 Concord Pike	EMAIL	
	patricia.alvarez-sahagun@astrazeneca.c	
(City) (State) (Zip Code)		
Wilimpton DE 19850		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)	TELEPHONE	
N/A		
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) 886-3000	
MAILING ADDRESS (Street)	FAX (302) 886-5015	
1800 Concord Pike	EMAIL	
	jacqueline.kirby@astrazeneca.com	
(City) (State) (Zip Code)		
Wilmington DE 19850		
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
Carrie E. Castro	(703) 684-1110	
MAILING ADDRESS (Street)	FAX (703) 684-7912	
MultiState Associates Inc. 515 King Street, Suite 300	EMAIL	
	ccastro@multistate.com	
(City) (State) (Zip Code)		
Alexandria VA 22314		

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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 hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Patricia R. Schyman

(Signature of Lobbyist)

2/6/15

(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		(302) 885-2319	
MAILING ADDRESS (Street)		FAX (302) 886-5015	
1800 Concord Pike		EMAIL	
		jacqueline.kirby@astrazeneca.com	
(City)	(State)	(Zip Code)	
Wilmington	DE	19850	

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

Jacqueline Kirby

(Signature of Authorizing Officer or Person Represented)

Feb. 2, 2015

(Date)