



**HAWAII STATE ETHICS COMMISSION
ORGANIZATION'S OR INDIVIDUAL'S EXPENDITURES
AND CONTRIBUTIONS REPORT**

FORM ORG

(To be filed by organizations, employing organizations
and individuals other than registered lobbyists)

FAX

HAWAII STATE ETHICS COMMISSION
1001 Bishop Street, Suite 970
Honolulu, Hawaii 96813
(P.O. Box 616, Honolulu, Hawaii 96809)
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STATE OF HAWAII
STATE ETHICS COMMISSION

For lobbying reporting period: January 1 - last day of February
 March 1 - April 30
 May 1 - December 31
 Year of Report 20 13

Contact person Nate Miles Phone 206-409-8032
 Organization Lilly USA' LLC
 Mailing Address 411 University Street, Suite 1200
Seattle, WA 98101

PART I. TOTAL EXPENDITURES

The total sum or value of all expenditures for the purpose of lobbying during the statement period was: \$ 4,733.33

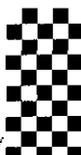
EXPENDITURES

Category	Total Amount	Category	Total Amount
1. Preparation & Distribution of Lobbying Materials	\$0.00	7. Entertainment & Events	\$0.00
2. Media Advertising	\$0.00	8. Food & Beverages	\$0.00
3. Telephone and other forms of Telecommunications	\$0.00	9. Gifts	\$0.00
4. Postage	\$0.00	10. Loans	\$0.00
5. Compensation Paid to Lobbyists	\$4,733.33	11. Other Disbursements	\$0.00
6. Fees (other than to Lobbyists)	\$0.00	TOTAL EXPENDITURES	\$4,733.33

COMPENSATION PAID TO LOBBYISTS

List in this section the names of all lobbyists and compensation paid to the lobbyists during the statement period.

Name	Address	Compensation paid
George A. "Red" Morris	222 South Vineyard Street, Suite 401 Honolulu, HI 96813-2453	\$1,733.33
Celeste Nip	222 South Vineyard Street, Suite 401 Honolulu, HI 96813-2453	\$0.00
Nate Miles	411 University Street, Suite 1200 Seattle, WA 98101	3,000



EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List in this section all expenditures incurred for the purpose of lobbying of \$25 or more per person per day during the statement period.

- This section is not applicable
 Expenditures incurred in the total sum of \$25 or more per person per day were made for the following persons:

Name & Address	Amount or value

AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON

List in this section all expenditures incurred for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

- This section is not applicable
 Expenditures incurred in the aggregate of \$150 or more per person were made for the following persons:

Name & Address	Amount or value

PART II. CONTRIBUTIONS RECEIVED

List in this section all contributions received for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

- This section is not applicable
 Contributions received in the total sum of \$25 or more per person were received from the following persons:

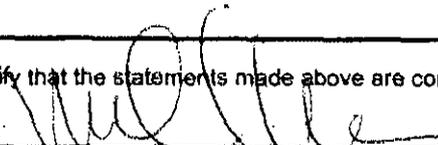
Name & Address	Amount or value

PART III. SUBJECT AREAS OF LOBBYING

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input checked="" 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 checked="" type="checkbox"/> Other: (Indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | <u>Pharmaceuticals</u> |

I hereby certify that the statements made above are correct and complete to the best of my knowledge


 (Signature of authorized person)

4/15/13
 (Date)

Name of authorized person (type or print) Nate Miles
 Title of authorized person Director, State Government Affairs