



FORM
ORG
(Rev. 5/2012)



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

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REPORT YEAR: 2013 Amended Statement

STATE OF HAWAII
STATE ETHICS COMMISSION

For Lobbying Reporting Period: January 1 - last day of February March 1 - April 30 May 1 - December 31

ORGANIZATION INFORMATION

MedImmune, Inc.
Organization Name

Kinn Elliott
Contact Person

271 Yachting Road
Mailing Address (Number and Street or P.O. Box)
Lexington, SC 29072

City: Lexington State: Zip Code:
Telephone: (803) 996-9176 Extension: Email Address: elliottk@medimmune.com

PART I. TOTAL EXPENDITURES

	Total Amount
1 Preparation & Distribution of Lobbying Materials	1 0.00
2 Media Advertising	2 0.00
3 Postage	3 0.00
4 Compensation Paid to Lobbyists (Attached Additional Sheets As Needed) <i>List the names of all lobbyists and compensation paid to lobbyists during the statement period</i>	
Lobbyist Name Compensation Paid	
A. Amy Hamerton	A. 0.00
B.	B.
C.	C.
D.	D.
E.	E.
F.	F.
G. Total from Additional Attached Sheet(s)	G. 0.00
Add lines A through G	Total Compensation Paid ▶ 4 0.00
5 Fees Paid to Consultants (other than to Lobbyists)	5 0.00
6 Entertainment & Events	6 0.00
7 Receptions, Meals, Food & Beverages	7 0.00
8 Gifts	8 0.00
9 Loans	9 0.00
10 Other Disbursements	10 0.00
Add lines 1 through 10.	Total Expenditures ▶ 0.00

EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

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

Name & Address	Amount or Value
n/a	0.00

Check here if additional sheets are attached

AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON

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

Name & Address	Amount or Value
n/a	0.00

Check here if additional sheets are attached

PART II. CONTRIBUTIONS RECEIVED

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

Name & Address	Amount or Value
n/a	0.00

Check here if additional sheets are attached

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 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 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 | _____ |

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

Signature of Authorized Person

Kinn Elliott

Print Name

Date

Director, Government Affairs

Title