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FORM
ORG
(Rev. 5/2012)



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

STATE OF HAWAII
STATE ETHICS COMMISSION

REPORT YEAR: 2014

Amended Statement

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

ORGANIZATION INFORMATION

Pharmaceutical Research and Manufacturers of America
Organization Name
950 F Street, Suite 300

Kim Martin
Contact Person

Mailing Address (Number and Street or P.O. Box)

Washington

DC

20004

City

State

Zip Code

(916) 233-3480

KMartin@phrma.org

Telephone

Extension

Email Address

PART I. TOTAL EXPENDITURES

		Total Amount
1	Preparation & Distribution of Lobbying Materials	0.00
2	Media Advertising	0.00
3	Postage	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.	William L. Goo	4,000.00*
B.		
C.		
D.		
E.		
F.		
G.	Total from Additional Attached Sheet(s)	
	Add lines A through G	Total Compensation Paid ▶ 4,000.00
5	Fees Paid to Consultants (other than to Lobbyists)	0.00
6	Entertainment & Events	0.00
7	Receptions, Meals, Food & Beverages	0.00
8	Gifts	0.00
9	Loans	0.00
10	Other Disbursements	0.00
	Add lines 1 through 10	Total Expenditures ▶ 4,000.00

*This sum is based on information provided by Suzuki & Goo, an independent contractor retained by us for lobbying and government affairs representation in Hawaii.

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

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

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

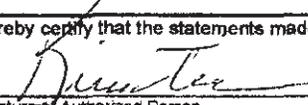
Check here if additional sheets are attached

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 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):
<u>Pharmaceutical drugs and related matters</u> |
| <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
 Kim Martin

 Print Name

3-21-2014

 Date
 Senior Regional Director

 Title