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STATE OF HAWAII
STATE ETHICS COMMISSION

FORM
ORG
(Rev. 5/2012)

HAWAII STATE ETHICS COMMISSION
ORGANIZATION'S EXPENDITURES AND CONTRIBUTIONS REPORT

REPORT YEAR: 2015 ☐ **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
Kim Martin — Contact Person

950 F Street, Suite 300
Mailing Address *(Number and Street or P.O. Box)*

Washington — City
DC — State
20004 — Zip Code

(916) 233-3480 — Telephone
Extension
KMartin@phrma.org — Email Address

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)*		

List the names of all lobbyists and compensation paid to lobbyists during the statement period

Lobbyist Name	Compensation Paid
A. William L. Goo	A. 4,000.00 *
B.	B.
C.	C.
D.	D.
E.	E.
F.	F.
G. Total from Additional Attached Sheet(s)	G.

	Add lines A through G — Total Compensation Paid ►	4	4,000.00
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 ►		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.

RECEIVED BY U.S. MAIL

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:

☐ Agriculture	☐ Education	☐ Human Services	☐ Science, Technology & Economic Development
☐ Communications & Public Utilities	☐ Government Operation & Finance	☐ Intergovernmental Relations, International Affairs	☐ Tourism & Recreation
☑ Consumer Protection & Commerce	☐ Hawaiian Affairs	☐ Labor & Employment	☐ Transportation
☐ Culture, Arts, Historic Preservation	☑ Health	☐ Planning, Land & Water Use Management	☑ Other (indicate below): Pharmaceutical drugs and related matters
☐ Ecology, Energy Environmental Protection	☐ Housing	☐ 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

Date: 5.14.2015

Print Name: Kim Martin

Title: Senior Regional Director