



FORM
ORG
(Rev. 5/2012)

STATE OF HAWAII
STATE ETHICS COMMISSION



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
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.....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. William L. Goo	3,000.00 *
B. _____	_____
C. _____	_____
D. _____	_____
E. _____	_____
F. _____	_____
G. Total from Additional Attached Sheet(s) _____	_____
Add lines A through G.....Total Compensation Paid ▶ 4	3,000.00
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 ▶	3,000.00

*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):
Pharmaceutical drugs
and related matters |
| <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

1-18-2016
Date

Senior Regional Director
Title