



FORM  
ORG  
(Rev. 5/2012)

STATE OF HAWAII  
STATE ETHICS COMMISSION



HAWAII STATE ETHICS COMMISSION  
ORGANIZATION'S EXPENDITURES AND CONTRIBUTIONS REPORT

REPORT YEAR: 2016  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.....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.

**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):<br>Pharmaceutical drugs<br>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

*Kim Martin*  
Signature of Authorized Person

8.21.2016  
Date

Kim Martin  
Print Name

Senior Regional Director  
Title