



**FORM  
ORG**  
(Rev. 5/2012)

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

STATE OF HAWAII  
STATE ETHICS COMMISSION

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      Kim Martin  
 Organization Name      Contact Person  
 950 F Street, Suite 300

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**

	<b>Total Amount</b>
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 ( <i>Attached Additional Sheets As Needed</i> ) <i>List the names of all lobbyists and compensation paid to lobbyists during the statement period</i>	
Lobbyist Name      Compensation Paid	
A. <u>William L. Goo</u> A. <u>4,000.00</u> *	
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

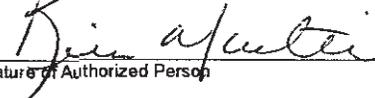
Check here if additional sheets are attached

**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



Signature of Authorized Person

Kim Martin

Print Name

5-17-2016

Date

Senior Regional Director

Title