



HAWAII STATE ETHICS COMMISSION
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 P.O. BOX 616, HONOLULU, HAWAII 96809
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THIS SPACE FOR OFFICE USE ONLY

LOB - P0066
 ORG - P0030
 09 OCT 16 P12:59

STATE OF HAWAII
 STATE ETHICS COMMISSION

NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Phillips	Charlotte	G	916-658-0144
MAILING ADDRESS (Street)			FAX 916-658-0155
925 L Street, Suite 1200			EMAIL charlotte@perrycom.com
(City)	(State)	(Zip Code)	
Sacramento	California	95814	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Perry Communications Group, Inc.			916-658-0144
MAILING ADDRESS (Street)			FAX 916-658-0155
925 L Street, Suite 1200			EMAIL <i>OK</i> charlotte@perrycom.com keccy@perrycom.com <i>PERRY.COM</i>
(City)	(State)	(Zip Code)	
Sacramento	California	95814	

PART II ORGANIZATION	
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
Pharmaceutical Research and Manufacturers of America (PhRMA)	202-835-3428
MAILING ADDRESS (Street)	FAX 202-715-7030
950 F Street, NW, Suite 300	EMAIL plarsen@phrma.org
(City)	(State) (Zip Code)
Washington	DC 20004
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
Brian Cassidy, Compliance Associate	330-761-9960
MAILING ADDRESS (Street)	FAX 330-761-9965
State and Federal Communications, Inc. 80 South Summit Street, Suite 100	EMAIL bcassidy@stateandfed.com
(City)	(State) (Zip Code)
Akron	Ohio 44308

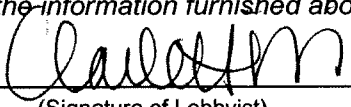
10/14/2009

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

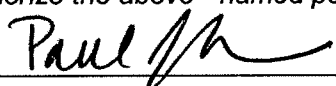
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input 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>pharmaceuticals</u>
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Charlotte G. Phillips:  10/13/09
 (Signature of Lobbyist) (Date)

PART V AUTHORIZATION TO LOBBY

NAME Paul Larsen		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Assistant General Counsel and Deputy Compliance Officer	
NAME OF ORGANIZATION (if applicable) Pharmaceutical Research and Manufacturers of America (PhRMA)		TELEPHONE 202-835-3428	
MAILING ADDRESS (Street) 950 F Street, NW, Suite 300		FAX 202-715-7030	
		EMAIL	
(City) Washington	(State) DC	(Zip Code) 20004	
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>			
Paul Larsen: <u></u>		<u>10/12/09</u>	
(Signature of Authorizing Officer or Person Represented)		(Date)	