



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

(To be filed by organizations, employing organizations
and individuals other than registered lobbyists)

ORG-P0030
FORM ORG

STATE OF HAWAII
STATE ETHICS COMMISSION

JUN 29 12:10

HAWAII STATE ETHICS COMMISSION
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THIS SPACE FOR OFFICE USE ONLY

For lobbying reporting period: Contact person Amanda Klump Phone (916) 583-9300
 January 1 - last day of February Organization Altria Client Services Inc. and its Affiliates--Philip Morris USA Inc.,
 March 1 - April 30 Mailing Address John Middleton Co., and U.S. Smokeless Tobacco Co. L.L.C.
 May 1 - December 31 Amendment 1415 L Street, Suite 1150, Sacramento, CA 95814
 Year of Report 2010

PART I. TOTAL EXPENDITURES

The total sum or value of all expenditures for the purpose of lobbying during the statement period was: \$ \$100,121.96

EXPENDITURES

Category	Total Amount	Category	Total Amount
1. Preparation & Distribution of Lobbying Materials	\$0.00	7. Entertainment & Events	\$0.00
2. Media Advertising	\$0.00	8. Food & Beverages	\$0.00
3. Telephone and other forms of Telecommunications	\$263.00	9. Gifts	\$0.00
4. Postage	\$0.00	10. Loans	\$0.00
5. Compensation Paid to Lobbyists	\$91,712.00	11. Other Disbursements	\$0.00
6. Fees (other than to Lobbyists)	\$8,146.96	TOTAL EXPENDITURES	\$100,121.96

COMPENSATION PAID TO LOBBYISTS

List in this section the names of all lobbyists and compensation paid to the lobbyists during the statement period.

Name	Address	Compensation paid
Amanda Klump	1415 L Street, Ste. 1150, Sacramento, CA 95814	0
G.A. "Red" Morris	G.A. Morris Inc. 222 Vineyard St., Ste. 401, Honolulu, HI 96813	\$67,712.00
Celeste Nip	G.A. Morris Inc. 222 Vineyard St., Ste. 401, Honolulu, HI 96813	Included in G.A. "Red" Morris compensation
Gary Slovin	Goodsill Anderson Quinn & Stifel, 1099 Akakea St., Ste. 1800, Honolulu, HI 96813	\$24,000.00
Anne T. Horiuchi	Goodsill Anderson Quinn & Stifel, 1099 Akakea St., Ste. 1800, Honolulu, HI 96813	Included in Gary Slovin compensation
Mihoko E. Ito	Goodsill Anderson Quinn & Stifel, 1099 Akakea St., Ste. 1800, Honolulu, HI 96813	Included in Gary Slovin compensation
Christina Z. Noh	Goodsill Anderson Quinn & Stifel, 1099 Akakea St., Ste. 1800, Honolulu, HI 96813	Included in Gary Slovin compensation

May 1 - December 31, 2010 Amendment

EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List in this section all expenditures incurred for the purpose of lobbying of \$25 or more per person per day during the statement period.

- Checked: This section is not applicable
Unchecked: Expenditures incurred in the total sum of \$25 or more per person per day were made for the following persons:

Table with 2 columns: Name & Address, Amount or value. Multiple empty rows for data entry.

AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON

List in this section all expenditures incurred for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

- Checked: This section is not applicable
Unchecked: Expenditures incurred in the aggregate of \$150 or more per person were made for the following persons:

Table with 2 columns: Name & Address, Amount or value. Multiple empty rows for data entry.

PART II. CONTRIBUTIONS RECEIVED

List in this section all contributions received for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

- Checked: This section is not applicable
Unchecked: Contributions received in the total sum of \$25 or more per person were received from the following persons:

Table with 2 columns: Name & Address, Amount or value. Multiple empty rows for data entry.

PART III. SUBJECT AREAS OF LOBBYING

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- Grid of checkboxes for various areas: Agriculture, Education, Human Services, Science, Technology & Economic Development, etc.
Other: (Indicate below) tobacco manufacturer

I hereby certify that the statements made above are correct and complete to the best of my knowledge

Handwritten signature of Amanda Klump

Handwritten date: 6/24/11

(Signature of authorized person)

(Date)

Name of authorized person (type or print) Amanda Klump

Title of authorized person District Director