



HAWAII STATE ETHICS COMMISSION
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 TEL: (808) 587-0460 FAX: (808) 587-0470
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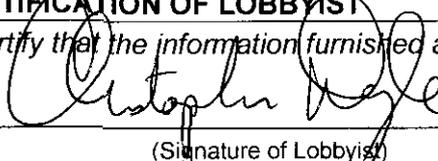
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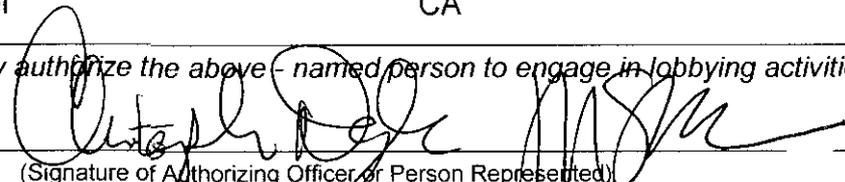
LOBBYIST REGISTRATION FORM STATE OF HAWAII
 STATE ETHICS COMMISSION
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last)	(First)	(Middle)
Doyle	Chris	
TELEPHONE		(415) 389-6800
MAILING ADDRESS (Street)		FAX (415) 388-6874
c/o Nielsen Merksamer, et al., 2350 Kerner Blvd., Ste. 250		EMAIL jskelton@nmgovlaw.com
(City)	(State)	(Zip Code)
San Rafael	CA	94901
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)		TELEPHONE
MAILING ADDRESS (Street)		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
Allergan, Inc.	(415) 389-6800	
MAILING ADDRESS (Street)	FAX (415) 388-6874	
c/o Nielsen Merksamer, et al., 2350 Kerner Blvd., Ste. 250	EMAIL jskelton@nmgovlaw.com	
(City)	(State)	(Zip Code)
San Rafael	CA	94901
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
Jennie Unger Skelton, Designated Agent for Filer	(415) 389-6800	
MAILING ADDRESS (Street)	FAX (415) 388-6874	
c/o Nielsen Merksamer, et al., 2350 Kerner Blvd., Ste. 250	EMAIL jskelton@nmgovlaw.com	
(City)	(State)	(Zip Code)
San Rafael	CA	94901

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 type="checkbox"/> Other: (indicate below)
<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.	
	1/7/13
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Jennie Unger Skelton	Designated Agent for Filer	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
Allergan, Inc.	(415) 389-6800	
MAILING ADDRESS (Street)	FAX	
c/o Nielsen Merksamer, et al., 2350 Kerner Blvd., Ste. 250	(415) 388-6874	
	EMAIL	
	jskelton@nmgovlaw.com	
(City)	(State)	(Zip Code)
San Rafael	CA	94901
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.		
		1.7.13
(Signature of Authorizing Officer or Person Represented)		(Date)