



HAWAII STATE ETHICS COMMISSION

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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
Lum	Lori Ann	C.	544-8300
MAILING ADDRESS (Street)			FAX
999 Bishop Street, Suite 2300			EMAIL
			llum@wik.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Watanabe Ing LLP			544-8300
MAILING ADDRESS (Street)			FAX
999 Bishop Street, Suite 2300			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
CVS Health			(847) 559-3422
MAILING ADDRESS (Street)			FAX
2211 Sanders Rd., NBT2			EMAIL
			eric.douglas@cvshhealth.com
(City)	(State)	(Zip Code)	
Northbrook	IL	60062	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Eric Douglas			(847) 559-3422
MAILING ADDRESS (Street)			FAX
2211 Sanders Rd., NBT2			EMAIL
			Eric.Douglas@CVSHealth.com
(City)	(State)	(Zip Code)	
Northbrook	IL	60062	

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 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 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>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
<u>Ann C. Ann</u> (Signature of Lobbyist)	<u>3/04/16</u> (Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Eric Douglas	Senior Director, Government Affairs	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
CVS Health	(847) 559-3422	
MAILING ADDRESS (Street)	FAX	
2211 Sanders Rd., NBT2		
	EMAIL	
	Eric.Douglas@CVSHealth.com	
(City)	(State)	(Zip Code)
Northbrook	IL	60062
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
<u>Eric P. Douglas</u> (Signature of Authorizing Officer or Person Represented)	<u>3-10-16</u> (Date)	