

**HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, HONOLULU, HAWAII 96813
 or P.O. BOX 616, HONOLULU, HAWAII 96809
 TEL: (808) 587-0460 FAX: (808) 587-0470
 email: ethics@hawaiiethics.org
 Web site: www.hawaii.gov/ethics

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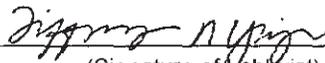
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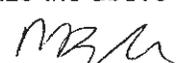
LOBBYIST REGISTRATION FORM HAWAII
 (Type or Print Clearly) STATE ETHICS COMMISSION

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Yajima	Tiffany	N	539-0400
MAILING ADDRESS (Street)			FAX 533-4945
999 Bishop Street, Suite 1400			EMAIL tyajima@awlaw.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
Slovin & Ito LLP			539-0400
MAILING ADDRESS (Street)			FAX 533-4945
999 Bishop Street, Suite 1400			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Walgreen Co.			847-315-4417
MAILING ADDRESS (Street)			FAX 847-315-4417
104 Wilmot Road, MS #1459			EMAIL
(City)	(State)	(Zip Code)	
Deerfield	IL	60015	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Mindy Baker			847-315-8927
MAILING ADDRESS (Street)			FAX 847-315-4417
104 Wilmot Road, MS #1459			EMAIL Mindy.Baker@Walgreens.com
(City)	(State)	(Zip Code)	
Deerfield	IL	60015	

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 checked="" 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 checked="" 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>	
 (Signature of Lobbyist)	1/21/15 (Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Mindy Baker	State Government Relations Manager	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
Walgreen Co.	847-315-8927	
MAILING ADDRESS (Street)	FAX	
104 Wilmot Road, MS #1459	847-315-4417	
	EMAIL	
	Mindy.Baker@Walgreens.com	
(City)	(State)	(Zip Code)
Deerfield	IL	60015
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
 (Signature of Authorizing Officer or Person Represented)	1/14/15 (Date)	