



**HAWAII STATE ETHICS COMMISSION**  
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 15 FEB -5 P2:04  
 STATE OF HAWAII  
 STATE ETHICS COMMISSION

NOTE: This is a public document.

**LOBBYIST REGISTRATION FORM**

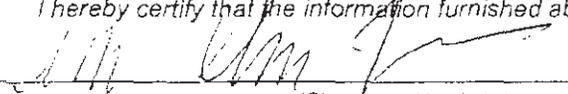
(Type or Print Clearly)

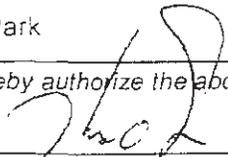
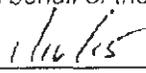
PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Takayama	Linda	Chu	545-3060
MAILING ADDRESS (Street)			FAX
PO Box 1196			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96807	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Abbott Laboratories			847-937-3930
MAILING ADDRESS (Street)			FAX 847-935-6613
100 Abbott Park Rd., D38L, AP6D-2			EMAIL
(City)	(State)	(Zip Code)	
Abbott Park	IL	60064	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Thomas C. Evers			847-937-3930
MAILING ADDRESS (Street)			FAX 847-935-6613
100 Abbott Park Rd., D38L, AP6D-2			EMAIL
(City)	(State)	(Zip Code)	
Abbott Park	IL	60064	

REC'D BY email

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input checked="" type="checkbox"/> Agriculture	Education	Human Services	<input type="checkbox"/> Science, Technology & Economic Development
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	<input type="checkbox"/> Transportation
Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	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>	
	2-2-2015
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Thomas C. Evers	Divisional Vice President, State Government Affairs	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
Abbott Laboratories	847-937-3930	
MAILING ADDRESS (Street)	FAX 847-935-6613	
	EMAIL	
(City)	(State)	(Zip Code)
Abbott Park	IL	60064
<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)	(Date)	