



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:
 Web site:

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15 FEB -3 P3:39

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
Stephen	Jane		(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	

REC'D BY email

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.

Jennie Unger Skelton 2-01-14
 (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 (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	
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>			
<u>Jennie Unger Skelton</u>		<u>2-3-2015</u>	
(Signature of Authorizing Officer or Person Represented)		(Date)	