HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
De Giacomo DVM	Sabina	Maud	941-2452
MAILING ADDRESS (Street)			FAX
PO Box 4406			941-2452
(City)	(State)	(Zip Code)	
Kaneohe	HI	96744	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION

Animal CARE Foundation			941-2452
MAILING ADDRESS (Street)			FAX
PO Box 4406			941-2452
(City)	(State)	(Zip Code)	
Kaneohe	HI	96744	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Sabina De Giacomo DVM			941-2452
MAILING ADDRESS (Street)			FAX
PO Box 4406			941-2452
(City)	(State)	(Zip Code)	
Kaneohe	HI	96744	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

[X] Agriculture	[ ] Education	[ ] Human Services	[ ] Science, Technology & Economic Development
[ ] Communications & Public Utilities	[ ] Government Operations & Finance	[ ] Intergovernmental Relations, International Affairs	[ ] Tourism & Recreation
[ ] Consumer Protection & Commerce	[ ] Hawaiian Affairs	[ ] Labor & Employment	[ ] Transportation
[ ] Culture, Arts, Historic Preservation	[ ] Health	[ ] Planning, Land & Water Use Management	[X] Other: (indicate below) Animal, non Agricultural
[X] Ecology, Energy Environmental Protection	[ ] Housing	[ ] 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.

(Signature of Lobbyist) — (Date) 1/20/03

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Sabina DeGiacomo DVM	President

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Animal CARE Foundation	941-2452
MAILING ADDRESS (Street)	**FAX**
PO Box 4406	941-2452

(City)	(State)	(Zip Code)
Kaneohe	HI	96744

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented) — (Date) 1/20/03