



HAWAII STATE ETHICS COMMISSION

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

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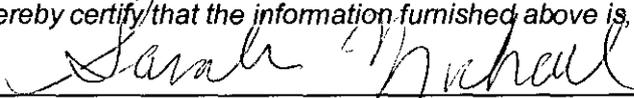
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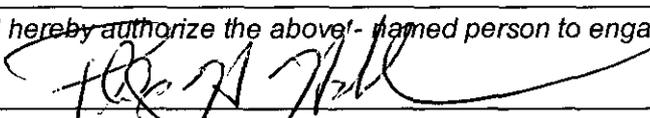
LOBBYIST REGISTRATION FORM STATE OF HAWAII
(Type or Print Clearly) STATE ETHICS COMMISSION

PART I LOBBYIST		
NAME (Last) Michael	(First) Sarah	(Middle)
TELEPHONE 253-740-3880		
MAILING ADDRESS (Street) 533 Kirkland Avenue		FAX
EMAIL sarah.michael@sanofipasteur.com		
(City) Kirkland	(State) WA	(Zip Code) 98033
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) N/A		TELEPHONE
MAILING ADDRESS (Street) 		FAX
EMAIL 		
(City) 	(State) 	(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Sanofi Pasteur		TELEPHONE 570-957-4427
MAILING ADDRESS (Street) 1 Discovery Drive		FAX 570-236-2871
EMAIL phil.hosbach@sanofipasteur.com		
(City) Swiftwater	(State) PA	(Zip Code) 19370
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Carrie Castro		TELEPHONE 703-684-1110
MAILING ADDRESS (Street) MultiState Associates Inc., 515 King Street, Suite 300		FAX 703-684-7912
EMAIL ccastro@multistate.com		
(City) Alexandria	(State) VA	(Zip Code) 22314

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input checked="" 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>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
	<u>1-4-13</u>
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Philip H. Hosbach	VP, Immunization Policy & Government Relations	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
Sanofi Pasteur	570-957-4427	
MAILING ADDRESS (Street)	FAX	
1 Discovery Drive	570-236-2871	
	EMAIL	
	phil.hosbach@sanofipasteur.com	
(City)	(State)	(Zip Code)
Swiftwater	PA	19370
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>		
	<u>1/2/13</u>	
(Signature of Authorizing Officer or Person Represented)	(Date)	