



FORM
ORG
(Rev. 3/2015)

STATE OF HAWAII
STATE ETHICS COMMISSION



**HAWAII STATE ETHICS COMMISSION
ORGANIZATION'S EXPENDITURES AND CONTRIBUTIONS REPORT**

REPORT YEAR: 2015 Amended Statement
For Lobbying Reporting Period: January 1 - last day of February March 1 - April 30 May 1 - December 31

ORGANIZATION INFORMATION

Organization Name Animal Haven Contact Person Frank De Giacomo

Mailing Address (Number and Street or P.O. Box) P.O. Box 4406

City Kaunohi State HI Zip Code 96744

Telephone (763) Extension _____ Email Address _____

PART I. TOTAL EXPENDITURES

	Total Amount
1 Preparation & Distribution of Lobbying Materials _____	1 <u>0</u>
2 Media Advertising _____	2 _____
3 Compensation Paid to Lobbyists (Attached Additional Sheets As Needed) <i>List the names of all lobbyists and compensation paid to lobbyists during the statement period</i>	
Lobbyist Name _____ Compensation Paid _____	
A. <u>Frank DeGiacomo</u> _____	A. <u>0</u>
B. _____	B. _____
C. _____	C. _____
D. _____	D. _____
E. _____	E. _____
F. _____	F. _____
G. Total from Additional Attached Sheet(s) _____	G. <u>0</u>
Add lines A through G _____	Total Compensation Paid ▶ 3 <u>0</u>
4 Fees Paid to Consultants or Services _____	4 <u>0</u>
5 Entertainment & Events _____	5 <u>0</u>
6 Receptions, Meals, Food, & Beverages _____	6 <u>0</u>
7 Gifts _____	7 <u>0</u>
8 Loans _____	8 <u>0</u>
9 Other Disbursements _____	9 <u>0</u>
Add lines 1 through 9 _____	Total Expenditures ▶ <u>0</u>

EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

Name and address of each person with respect to whom expenditures for the purpose of lobbying in the total sum of \$25 or more in any single calendar day was made and amount or value of expenditures.

Name & Address	Amount or Value
N/A	

Check here if additional sheets are attached

AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON

Name and address of each person with respect to whom expenditures for the purpose of lobbying in the aggregate of \$150 or more was made during the statement period and amount or value of expenditures.

Name & Address	Amount or Value
N/A	

Check here if additional sheets are attached

PART II. CONTRIBUTIONS RECEIVED

Name and address of each person making contributions to the filer for purposes of lobbying in the total sum of \$25 or more during the statement period and the amount or value of such contribution.

Name & Address	Amount or Value
N/A	

Check here if additional sheets are attached

PART III. SUBJECT AREAS OF LOBBYING

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- Agriculture
 - Education
 - Human Services
 - Science, Technology & Economic Development
 - Communications & Public Utilities
 - Government Operation & 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
 - Other (indicate below):
 - Ecology, Energy Environmental Protection
 - Housing
 - Public Safety & Corrections
- animals

AUTHORIZED PERSON

Frank L. DeGiarmo President 2/18/2016
 Type Name of Authorized Person (First M.I. Last) Title Date (m/d/yyyy)

CERTIFICATION: By checking this box or signing your name on this form, you signify and affirm that you are the person whose name appears as the "Authorized Person" above and the information contained in the form is true, correct and complete to the best of your knowledge and belief. You further certify that you understand that there are statutory penalties for failing to report the information required by Hawaii law.