

**HAWAII STATE ETHICS COMMISSION**

1001 Bishop Street, ASB Tower Suite 970  
 Honolulu, Hawaii 96813  
 P.O. Box 616, Honolulu, Hawaii 96809  
 Telephone: 587-0460 Fax: 587-0470  
 email: ethics@hawaiiethics.org

**GIFTS DISCLOSURE STATEMENT**

*(This report covers the period from June 1 of the preceding calendar year through June 1 of this year and is due on June 30)*

NAME:	STATE POSITION:
STATE AGENCY:	STATE TEL. NO.:
STATE MAILING ADDRESS:	

1	DONOR	2	DESCRIPTION OF GIFT	3	DATE REC'D	4	GIFT VALUE	5	AGG. VALUE

1	DONOR	2	3	4	5	AGG. VALUE
		DESCRIPTION OF GIFT		DATE REC'D	GIFT VALUE	

\_\_\_\_\_ Check here if you have attached additional sheets.

*CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement.*

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_