

EMAIL



FORM
GD1
(Rev. 5/2012)



**HAWAII STATE ETHICS COMMISSION
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 by June 30)

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STATE OF HAWAII
STATE ETHICS COMMISSION

FILER

| | | |
|---------------------------|----------------|------|
| Loke | Matthew | K |
| Last Name | First Name | M.I. |
| Department of Agriculture | Administrator | |
| State Agency | State Position | |

CONTACT INFORMATION

1428 South King Street

Number and Street or P.O. Box

| | | |
|----------|-------|----------|
| Honolulu | HI | 96814 |
| City | State | Zip Code |

| | |
|----------------|---------------------------|
| (808) 973-9592 | matthew.k.loke@hawaii.gov |
| Telephone | Email Address |

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: The Kohala Center Date Received: 07/29/2011
 Gift (Description): R/T Airfare - Hnl to Kona - Meeting & Presentation Value/Cost: \$176.16
2. Donor: _____ Date Received: _____
 Gift (Description): _____ Value/Cost: _____
3. Donor: _____ Date Received: _____
 Gift (Description): _____ Value/Cost: _____
4. Donor: _____ Date Received: _____
 Gift (Description): _____ Value/Cost: _____
5. Donor: _____ Date Received: _____
 Gift (Description): _____ Value/Cost: _____

Check here if additional sheets are attached

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

Matthew Loke
Signature

6/29/2012
Date