



FORM
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(Rev. 5/2012)

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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)

STATE OF HAWAII
STATE ETHICS COMMISSION

FILER

YOUNG	CHRISTOPHER	D.W.
Last Name	First Name	M.I.
ATTORNEY GENERAL	SUPERVISING DEPUTY AG	
State Agency	State Position	

CONTACT INFORMATION

CHRISTOPHER D.W. YOUNG

333 QUEEN STREET, SUITE 200

Number and Street or P.O. Box

HONOLULU HI 96813

City State Zip Code

(808) 586-1169 CHRISTOPHER.D.YOUNG@HAWAII.GOV

Telephone Extension Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- Donor: Western States Information Network Date Received: July 2011
Gift (Description): Airfare & per diem to attend Board Meeting Value/Cost: \$1200.00
- Donor: Immigration and Custom Enforcement, DHS Date Received: August 2011
Gift (Description): Airfare & per diem to do Fusion Center Site Visits Value/Cost: \$1820.00
- Donor: Western States Information Network Date Received: October 2011
Gift (Description): Airfare & per diem to attend Board Meeting Value/Cost: \$1378.00
- Donor: Western States Information Network Date Received: February 2012
Gift (Description): Airfare & per diem to attend Board Meeting Value/Cost: \$1500.00
- Donor: National Attorney General Trning & Research Date Received: March 2012
Gift (Description): Airfare & per diem to attend public integrity seminar Value/Cost: \$1400.00

Check here if additional sheets are attached

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

Signature

Date

June 18, 2012

RECEIVED BY U.S. MAIL

GIFTS DISCLOSURE STATEMENT FORM – ADDITIONAL SHEET

Name: CHRISTOPHER D.W. YOUNG Date: 6/18/2012 Page 2 of 2

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- Donor: Hawaii High Intesity Drug Area (HHIDTA) Date Received: APRIL 2012
Gift (Description): Airfare & per diem Fusion Centers National Meeting Value/Cost: \$1400.00

- Donor: _____ Date Received: _____
Gift (Description): _____ Value/Cost: _____

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