



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

Yim	Spencer	T.K.
Last Name	First Name	M.I.
House of Representatives	Office Manager	
State Agency	State Position	

### CONTACT INFORMATION

State Capitol

415 South Beretania St., Rm. 438

Number and Street or P.O. Box

Honolulu Hi 96813

City State Zip Code

(808) 586-8500 s.yim@capitol.hawaii.gov

Telephone Extension Email Address

### GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- Donor: None Date Received: \_\_\_\_\_  
Gift (Description): Nothing to report Value/Cost: \_\_\_\_\_
- Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
- Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
- Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
- 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.

Spencer Yim  
Signature

7/2/12  
Date

REC'D BY HAND DELIVERY