



FORM
GD1
(Rev. 5/2012)



HAWAII STATE ETHICS COMMISSION GIFTS DISCLOSURE STATEMENT

'12 JUN 14 P12:36

(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

ORTIZ JONATHAN L.
Last Name First Name M.I.

State Agency N/A State Position N/A

CONTACT INFORMATION

841 Bishop Street, Suite 2121

Number and Street or P.O. Box

City Honolulu State HI Zip Code 96813

(808) 524-6696 Extension jonathan@ortizkatano.com Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

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

Signature

Date JUN 13 2012

RECEIVED BY U.S. MAIL